

Sport/Program/Event: \_\_\_\_\_

**Eastham Recreation Department  
Registration Form**

Participant's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Parent/guardian name and phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Participant's D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact Name(s) **other than name listed above:** \_\_\_\_\_

Emergency Contact Phone Number(s) **other than number listed above:** \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_

Do you have medical insurance? **(Please circle one)**                      **Yes**                      **No**

Best way to get in contact with you **(circle any of the following)**

**Call    Email    Text**

Please follow the registration format listed on the flier. No early registrations accepted. This includes dropping off forms, calling, texting, or emailing. Please do not turn in registration forms to the Elementary School or the Afterschool Program as they will not be accepted. The registration form and payment are required prior to the start date of the program. Recreation programs run on a first come first serve basis. Programs also have limited space or require a minimum/maximum number to run. The Recreation Department reserves the right to make changes including but not limited to, changing days/times, combining groups, or cancelling programs.

I, the undersigned, understand that there is an inherent risk in recreational programs and that the range of injury can be minor to severe. I also understand and accept that in case of injury, the Town of Eastham is responsible only for First Aid treatment.

I also understand that participation in recreation programs requires all participants and spectators to behave in a sportsman-like manner.

**Media Release:** Pictures/video taken in connection with this program/event may be used for promotional purposes for the Town of Eastham (Rec Website & Facebook).

**(Please circle one)**    **I Agree**    **I Disagree**

\_\_\_\_\_  
**Print Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

**TO BE COMPLETED BY RECREATION DEPARTMENT:**

\_\_\_\_\_ **CASH PAYMENT** \_\_\_\_\_ **CHECK PAYMENT- CHECK #** \_\_\_\_\_ **DATE** \_\_\_\_\_ **INITIAL** \_\_\_\_\_