

Eastham Recreation Department
Adult Registration Form

Participant's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Allergies/Medical Concerns: _____

Do you have medical insurance? (Please circle one) YES NO

Medical Release: **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 basic First Aid treatment. I further understand that participation in recreation programs requires all participants and spectators to behave in a sportsman-like manner.**

Media Release: **I, the undersigned, also understand that pictures/videos taken in connection with this program/event may be used for promotional purposes for the Town of Eastham.**

Participant Signature

Date

Questions? Please call (508) 240-5974 or email recreation@eastham-ma.gov

Thank you!