

# TOWN OF GATES REGISTRATION

## GATES RECREATION & PARKS REGISTRATION FORM

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

STREET \_\_\_\_\_ ZIP \_\_\_\_\_ AGE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

PROGRAM \_\_\_\_\_ SESSION \_\_\_\_\_ FEE \_\_\_\_\_

**NON-RESIDENT FEE - \$6.00 ADDITIONAL PER PERSON PER ACTIVITY**

TOTAL ENCLOSED \_\_\_\_\_

**Please read the following statement:**

I assume all risks and hazards incidental to the conduct of the activity and do hereby further release and hold harmless the Town of Gates and the Town of Gates Recreation and Parks Department staff and volunteers. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary for myself/child when normal permission is unavailable. I certify that I/my child are in good physical health and have no limitations other than those I have listed above which may predispose me/my child to risk during the listed programs. I also fully realize that I must provide proper hospitalization. The Town of Gates does not provide accident insurance coverage. I have read and understand the departments refund policy and procedure. I also understand the department is not responsible for participants' personal items if lost or stolen.

Participant/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

(If under 18 parent or guardian signature required)