

Essex Park & Recreation Registration Form

Please print using black or blue ink.

Parent or legal guardian must complete this form

Adult First Name	MI	Last Name	Address
Primary Phone (Required)	Alternate Phone		Email
Emergency Contact Name & Phone(s)			

Participant Name (First)	(Last)	Date of Birth	Sex	Grade/Teacher	Program Name	Fee

SPECIAL CONCERNS: List any special needs or health related concerns of participant	Subtotal	
	Recreation Scholarship Fund Donation (optional, see page 3)	

T-SHIRT SIZE: (for applicable programs) <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	Total	
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PICK-UP CONTACT INFORMATION: Please list all authorized adults who may pick up a child from a program	Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Check # _____
WAIVER AND PHOTO RELEASE I hereby agree to hold harmless the Town of Essex and its agents for any accidental injury caused by participation in any Town sponsored activities. In signing this form, it is understood the Essex Parks and Recreation Commission, the Parks and Recreation Department and the Town of Essex DO NOT assume responsibility for accidents and participant(s) agree(s) to abide by all rules and regulations set by the Essex Parks and Recreation Commission. Photos taken during programs may be used for promotional purposes. Please notify Parks and Recreation if you do not want pictures published.	

X Signature

Date