

Town of Alden Recreation Program _____
Paid _____ Cash _____ Check _____ # _____
PARTICIPANT INFORMATION, MEDICAL AND AUTHORIZATION FORM

This form needs to be COMPLETED IN FULL for application to be accepted.

All information is confidential. Please complete all questions in detail for your child's welfare and enjoyment.

CHILD'S FULL NAME: _____

ADDRESS: _____

SEX _____ AGE _____ BIRTHDATE: ____/____/____

CUSTODIAL PARENT/GUARDIAN FULL NAME: _____

HOME # _____ WORK # _____ CELL # _____

EMAIL ADDRESS: _____

SECOND PARENT/GUARDIAN FULL NAME: _____

HOME # _____ WORK # _____ CELL # _____

EMERGENCY CONTACT: If you are not available in an emergency notify: (Neighbor-if possible)

NAME _____ RELATIONSHIP _____ PHONE # _____

FAMILY PHYSICIAN _____ PHONE # _____

MEDICAL INFORMATION (Check all that applies and specify)

_____ Allergies (food, meds, insects, etc.) _____

_____ Antihistamines supplied by parents** (indication, dose): _____

_____ Prescribed EpiPen**; (carried by your child or stored with Director/Coach?: _____

_____ Asthma _____

_____ Asthma inhaler**; carried by your child or stored with Director/Coach?: _____

_____ Other limitations or precautions: _____

_____ All other medications required during program hours are the sole responsibility of the parent or guardian to distribute and administer.

****Programs distribute medications that are supplied by parents and are accompanied by a physicians written authorization and all medications must be in a pharmacy issued and labeled container. Please note: Distribution is defined as handing the medication to the child to take/apply themselves.**

Recreation personnel are not permitted to apply or give medication (including sprays and ointments) of any type.

AUTHORIZATION FORM

(For reasons of liability, the choice to not give authorization may impact our ability to enroll your child in recreation programs.)

EMERGENCY AUTHORIZATION:

I authorize the Program Coaches or Director to secure appropriate and timely medical treatment for my child in case of medical emergency. I understand that every effort will be made to notify me as soon as possible.

Parent/Guardian Signature _____ Date _____

INSURANCE ACKNOWLEDGEMENT:

I acknowledge that my child will be participating in supervised physical activity where inherent risk is involved. Also, I understand that the Town of Alden recreation and sports programs do not carry medical insurance for program participants.

Parent/Guardian Signature _____ Date _____

Remember to Read and Sign Other Side (Over)

TOWN OF ALDEN
GENERAL LIABILITY RELEASE, ASSUMPTION OR RISK,
AND WAIVER OF CLAIMS

In consideration of being permitted to participate in recreation programs, including use of Town of Alden sports fields and facilities and athletic programs ("activities"), sponsored by the Town of Alden, the undersigned participant(s) do each agree that the Town of Alden, its officials, employee's agents and volunteers, and any and all other persons or entities involved in its activities, SHALL NOT BE LIABLE for injury or death to the undersigned participant(s), their heirs, assigns and agents, or for any loss due to theft of or damage to their property or for any other consequential incidental damages caused in any manner whatsoever where any such liability is attributable to the absence of care by the Town of Alden in the conduct of activities.

Furthermore each of the undersigned DOES HEREBY WAIVE any and all claims or causes of action against the Town of Alden which he or she may have by reason thereof AND DOES HEREBY RELEASE AND HOLD HARMLESS the Town of Alden from any and all claims or causes of action that he or she may have from the beginning of time, now, and in the future. Each of the undersigned further agrees not to bring or cause to be brought any suit or any such claim or cause of action and acknowledges that the releases and waivers referred to herein shall apply regardless of whether liability is asserted on the basis of contract, strict liability, ordinary negligence or gross negligence.

I also affirm that I am voluntarily participating in activities and using the facilities, and further acknowledge that I know, understand, and appreciate the inherent risks of such participation and use (ranging from minor injuries such as sprains, to major injuries such as heart attacks, ankle and knee injuries, to catastrophic injuries such as death or paralysis). I assume full responsibility for any and all injuries or damages from participating in activities, which may occur to me as a result of such participation.

Each of the undersigned further acknowledge that the execution of this Release, Waiver and Assumption of Risk is continuing in nature, that it is his or her free and voluntary act.

Furthermore, each of the undersigned intends both that he or she be legally bound hereby, and, in the event of his or her death, that this release and waiver shall be binding on his or her estate, heirs, beneficiaries or any other successors in interest.

This Release, Waiver and Assumption of Risk shall be construed under the laws of the State of New York.

SIGNATURE BELOW VERIFIES THAT EACH OF THE UNDERSIGNED HAS READ
AND FULLY UNDERSTAND THE FOREGOING and further certifies that the information

provided in his or her application, entry forms and/or personal data sheets is true and complete.

IN WITNESS WHEREOF, each of the participants sets forth his or her hand on the date below written.

Print name of participant

Date

Signature (of Parent/Guardian if under 18)

Date