MILFORD RECREATION

REGISTER ONLINE AT WWW.MILFORDREC.COM

Program Questions? Milford Recreation Office hours are 8:30am-4:30pm, Mon-Fri Call 603.249.0625

POOL PASS / PROGRAM REGISTRATION FORM

HOUSEHOLD INFORMATION—PLEASE PRINT *Required Information

*Parent's Name (First/Last) _____ *DOB _____

*Address _____ *City, State, Zip _____

*Email Address _____ *Primary Phone _____

- Emergency Contact

*Name _____ *Phone _____

Resident ☐ $25 Individual Pass ☐ $100 Family Pass (4 or more people) ☐ FREE Children 4 & under/Seniors 62 & older

Non-Resident ☐ $50 Individual Pass ☐ $200 Family Pass (4 or more people) ☐ FREE Children 4 & under/Seniors 62 & older

Participant's Name	Gender (M/F)	DOB	Pool Pass / Program	Session Time	Fee

Make checks payable to "Milford Recreation" **TOTAL**

PLEASE READ AND SIGN BELOW: **Return check fee is $35 • No refunds once session commences**

I AM AWARE OF the hazards of the activity/sport and the risk of injury in this athletic program. I certify that I am in good physical condition and am able to safely participate in this physical activity/sport.

I ASSUME all risks and hazards incidental to such participation, including transportation to and from activities, and do hereby waive, release, indemnify and agree to hold harmless the Town Recreation Department, volunteers and staff, team or league sponsors from all liability for any and all loss or damage, and any claim arising out of injury to myself or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

I HEREBY GIVE MY PERMISSION for my son/daughter to use the pool facilities provided by the Town of Milford Recreation Dept and/or to participate in the Milford Recreation Dept program. I am aware of the hazards of the activity/sport/pool activity and the risk of injury in these athletic and active programs. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I do hereby waive, release indemnify, and agree to hold harmless the said Town of Milford, its volunteers, staff and all sponsors for all liability for any and all loss or damage, and any claim arising out of injury to my son/daughter or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation. I authorize the MRD to reasonable use of any and all images and statements of/by/about the participant during any part of a MRD program for promotional purposes, including the internet.

IN CASE OF EMERGENCY, I hereby give my permission to the program staff and medical personnel selected by the Recreation Dept and staff, to act as my agent to apply simple first aid when necessary, or in the event of a more serious accident, to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of myself or my child. **IN THE EVENT OF AN EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT PARENT/GUARDIAN.**

PLEASE LIST ALL MEDICAL CONCERNS or instructions the staff should know regarding you and/or your child's health on a separate sheet (medications, allergies, behavior concerns, etc.)

***Signature required of adult participant, parent or legal guardian of child _____ Date _____**

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For Office Use Only: Check #_____ Amount _____

Date Received _____ Staff_____