



TOWN OF BREWSTER
2298 MAIN STREET
BREWSTER, MA 02631
 PHONE: (508) 896-9430
 FAX: (508) 896-9430 (CALL AHEAD)
 BREWREC@TOWN.BREWSTER.MA.US

OFFICE OF
 RECREATION COMMISSION

YOUTH REGISTRATION FORM

Participant's First Name: _____ Last Name: _____

DOB: ____/____/____ Grade: _____ Gender: Male/Female

Parent/Guardian's Names: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary #: (____) _____ - _____ Alternate 1 #: (____) _____ - _____ Alternate 2 #: (____) _____ - _____

E-Mail Address: _____ T-Shirt Size: _____

Allergies/other medical concerns: _____

EMERGENCY CONTACTS – I hereby authorize the release of my child to and/or contact the following adults in case of an emergency:

Name: _____ Relationship to participant: _____ Phone #: _____

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PROGRAM INFORMATION – Please list all programs you are signing up for.

Program Name: _____ Cost: \$ _____ (NYA during this program?: YES NO)

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Interested in Coaching / Assisting? Name: _____ # / E-mail: _____

Special Requests: _____

Consent to Release Form:

I, the undersigned, as legal adult or parent/guardian of a minor, do hereby consent to my/my child's participation in voluntary recreation programs of the Town of Brewster. I also agree to forever release the Town of Brewster, and all their officers, boards, committees, employees, agents, volunteers, and contract employees from any and all liability, claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself/my child or property damage resulting from my/my child's participation in the Town of Brewster's voluntary recreation programs. I affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that this is a legal document and that by signing it I am giving up substantial legal rights and giving up my right to sue or otherwise make a claim against the Town of Brewster its officers, boards, committees, employees, agents, volunteers, and contract employees. I further understand that my/my child's participation in these programs is voluntary. By signing this Form, I affirm that I have decided to allow myself/my child to participate in the recreation program's with full knowledge that the Releases will not be liable to anyone for personal injuries and property damage I/my child may cause or sustain.

Medical Release: I hereby give permission to the Brewster Recreation Department staff to provide and administer immediate first aid and authorize a physician a local hospital to secure proper treatment for myself or my child if the need arises.

Media Release: I agree that pictures and video taken in connection with the program or event may be used for promotional purposes.

Participant's Signature _____ Date: _____
 (If participant is under 18, parent/guardian signature required)

Method's of Payment: Cash or Check
 Please make checks payable to Town of Brewster

<u>For office use only.</u>		
Cash Total: _____	Check Total: _____	Check #: _____