

**Conway Recreation Department
Floor Hockey
Registration Form**

I give my son/daughter permission to participate in the Floor Hockey Program at the Conway Dept. and release the Town of Conway from any liability or injury which may occur as a result of participation.

(Signature of Parent or Guardian)

CHILD INFORMATION

Last Name (printed)

First Name

Date of Birth

Age

Grade

School

Teacher

Physical Address – Street & Number, Town, Zip

Mailing Address (if different from physical address) – Street/box, Town, Zip

Email Address *(By giving us your e-mail address you agree to receive Conway Rec. e-mail updates)*

Home Phone

Emergency Contact (name & phone #)

Circle the town you live in: CONWAY ALBANY EATON

Registration Fee: _____ Yes _____ No _____

\$10 Made payable to the Town of Conway

Shirt size YOUTH-M YOUTH-L ADULT-S ADULT-M ADULT-L

Any medical concerns: Explain Below _____

PLEASE SIGN THE BACK OF THS SHEET!!!

**Conway Recreation Department
Release and Waiver of Liability and Indemnity Agreement**

In consideration of the permission granted to my child,

(Print Name of Child)

Participant, to participate in the Conway Recreation Program, I/we do release, waive, discharge and covenant not to sue the Town of Conway and its Conway Recreation Dept. including its paid and/or volunteer agents and/or from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in the death of our child, and/or employees while I participate in the Conway Recreation Dept. Programs.

I/We further agree to indemnify the Town of Conway and the Conway Recreation Dept. , their paid and/or volunteer agents and/or employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the Town of Conway and Conway Recreation Dept. , their paid and/or volunteer agents and/or employees become legally obligated to pay including reasonable attorney's fees and costs, as result of claims, demands, costs or judgments against the Town of Conway and/or Conway Recreation Dept. their paid and/or volunteer agents and/or employees on account of injury to the person or property or resulting in the death of our child, whether or not caused by the negligence of the Town of Conway, The Conway Recreation Dept., its paid and/or volunteer agents and/or employees, and whether or not such liability is sole, joint or several.

I/We are aware that participation in this program may present strain on my child's body , or parts and therefore I represent to the Town of Conway and The Conway Recreation Dept. that to the best of my knowledge, my child is in proper physical condition to allow him/her to participate in that I/We assume the risk participating.

I/We understand that in case of injury or illness, I/we will be notified. If its is impossible to contact either of us and it is an emergency, I/We give permission to the attending physician to treat, hospitalize, administer anesthesia, or to other injections or surgery for the safety of my/our child.

I/We, the parent/legal guardian of my/our child who is participating in these programs, have read the release and understand all its terms. I/We execute this agreement voluntarily and with full knowledge of its significance. I/We have executed this release on the date below indicated.

I herby authorize the Conway Recreation Dept. to use photographs and video of my child to promote these programs.

Signature of Legal Guardian

Today's Date

Print Parents Name Clearly

Home Phone

Work or Cell Phone

Additional Emergency Contact/Relationship/Phone Number

Please list any health concerns of your child of which staff should be informed: