

Conway Parks & Recreation Department  
Chip Kennett Teen Center  
Registration Form

---

I give my son/daughter permission to participate in the Chip Kennett Teen Center Program at the Conway Rec. 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 (print)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School

\_\_\_\_\_  
Home address- Street-Box-Town-Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Emergency Contact (name and phone)

Circle the Town you live in: **CONWAY** **ALBANY**

Registration Fee: \$30.00: Make checks payable to Town of Conway

**HOURS OF OPERATION**

Wednesday 5:30-8:30

Thursday 5:30-8:30

Friday 5:30-9:30

Saturday 5:30-9:30

**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 it 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 hereby 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:

# EMERGENCY INFORMATION

Participants Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

List Two Persons to Contact in Case of an Emergency

Parent or Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Second Person Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## IMPORTANT

Are you (Participant) allergic to any drugs? \_\_\_\_ If so, What? \_\_\_\_\_

Do you suffer from \_\_\_\_\_ asthma, \_\_\_\_\_ diabetes, \_\_\_\_\_ epilepsy (check any that apply)

List any other concerns that we need to know about.

\_\_\_\_\_

\_\_\_\_\_

# Chip Kennett Teen Center Participation Agreement

## To be completed by a Parent or Guardian

**Transportation:** Parents/Guardians are responsible for your child transporting to and from the Chip Kennett Teen Center. If you give your son/daughter permission to walk or ride their bike to and from Teen Center please indicate that by writing YES on the line. \_\_\_\_\_

**Activities:** At certain times throughout the year we will do activities in our local area on short notice. If you give your son/daughter permission to ride the Recreation Department van or bus please indicate by writing YES on line \_\_\_\_\_

### RECREATION DEPARTMENTS RULES

1. **No public display of affection.**
2. **No profanity (swearing), intimidation, threats, harassment or physical harm of any kind.**
3. **No violence**
4. **Once dropped off on Teen Center grounds you are to remain there until parent/guardian picks you up. If other arrangements are to be made they must be discussed with Teen Center staff by parent/guardian.**
5. **Theft will not be tolerated.**

*Failure to follow these rules will result in suspension and possible termination from the Teen Center.*

*\* Students may be held liable and responsible for damages to facility caused by them and may be responsible for financial obligation of repairs.*

*\* We reserve the right to search backpacks and clothing not on an individual's person.*

**By signing this form, I am agreeing to everything described in this document.**

**Print Participants Name Clearly** \_\_\_\_\_

**Print Parent/Guardian name** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

**Email Address** \_\_\_\_\_