

# Sandwich Park District Registration Form

Please fill out completely. Payment must accompany registration.



Established 1966

Resident  Non-Resident

Residential Parent/ Guardian First and Last Name \_\_\_\_\_

Address (Resident address may require document verification) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

Email address \_\_\_\_\_

\*Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_ Relation \_\_\_\_\_

*\*In case of an emergency, an attempt will be made to contact a parent via main/cell phone. If a parent cannot be reached, the Sandwich Park District will contact the emergency contact. In the event of an emergency, I authorize the Sandwich Park District to secure any/all necessary medical attention from and accredited hospital and or ward and further agree that I will be responsible for any and all medical services rendered.*

**Medical or special needs/ Allergies/ Comments:**

\_\_\_\_\_

\_\_\_\_\_

PARTICIPANTS NAME (FIRST AND LAST NAME)	BIRTHDATE Month/Date/Year	GRADE	GENDER	PROGRAM/ ACTIVITY	SHIRT SIZE YS, YM, YL Adults S, M, L, XL	FEE
			M / F			
			M / F			
			M / F			
			M / F			

Are you interested? COACH \_\_\_ ASST. COACH \_\_\_ REFEREE \_\_\_ YOUR SHIRT SIZE \_\_\_  
 We will call to discuss. Best phone # to call \_\_\_\_\_ Best time to call \_\_\_\_\_

**\*WAIVER AND RELEASE OF ALL CLAIMS**

As a participant in the above program(s), those listed above recognize and acknowledge that there are certain risks of physical injury and those listed above agree to assume the full risk of any injuries, including death, damages or loss which those listed above sustain as a result of participation in any and all activities connected with or associated with such programs. Those listed above agree to waive and relinquish all claims those listed above may have as a result of participation in the program(s), against the Sandwich Park District, its officers, agents, servants and employees. Those listed above hereby fully release and discharge the Sandwich Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which may accrue to those listed above on account of participation in the program(s).

Those listed above further agree to indemnify and hold harmless and defend the Sandwich Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by those listed above arising out of, connected with, or in any way associated with the activities of the program(s).

Refund Policy can be found in current program guide on page 6 and on district website

**Photo Release**– The SPD takes photos of programs, activities, and participants. Please be aware that these photos may be used in various types of publicity.

I have read the above recreation waiver and release of all claims, and understand that my signature is required below in order to participate in any Sandwich Park District programs. Signature is required of all participants 18 years or older and of parent/guardian for those participants under 18 years of age.

\_\_\_\_\_ **\*Signature** of parent / guardian or adult participant \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**For Office Use Only** Rev. 10132021

Check one: Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ Cash \_\_\_ Check # \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_\_ - \_\_\_\_\_ CVV2# \_\_\_\_\_