



ADULT SPORTS REGISTRATION FORM

Program to register: _____

Primary Account holder: _____

Email Address: _____

This information will be used to create an online registration account. If you would like a person other than the registrant to be the account holder please indicate that above.

Note: information will be sent to the email provided above

Participant's Name: _____

DOB: ___/___/___ Male/Female T-shirt Size: AS AM AL AXL AXXL AXXXL

Mailing Address: _____

City/Town: _____ Zip: _____

Home Phone: _____ Cell/Work Phone: _____

Email: _____

EMERGENCY CONTACT

List at least one emergency contact person other than yourself:

Name: _____ Phone: _____

MEDICAL INFORMATION

Doctor's Name: _____

Phone: _____ Hospital: _____

Insurance Company: _____ ID _____

Insured: _____

Date of Last physical: ___/___/___

List any medical conditions and/or allergies:

List any medications you are taking: _____

*****Please Read and Sign Form On Back*****

Liability Waiver & Release

· In consideration of being permitted to participate in any program or activity offered by the Poland Recreation Department, I do hereby, for myself, my dependents and administrators, waive and release any and all claims I may have against the Poland Recreation Department, its employees, various sponsoring agencies, and paid and non-paid volunteers.

· I understand that although a physician's examination is not required for registration, it is highly advisable that any participant consult with a physician before participation in athletic and strenuous activities.

· I have read this form and understand its content and request registration in this Poland Recreation Department program.

Signature of participant: _____

Date: _____ Home Phone Number: _____



Photo Release/Consent Form

I _____ give permission for the Poland Recreation Department to use photos of myself or my child in advertisements, fliers, web-site pages, newspapers and other publicly displayed areas for promotional purposes. My child's name shall not be used in conjunction with his/her picture unless other permission is given.

Signature: _____

Date: _____