



BOW PARKS AND RECREATION DEPARTMENT 2011 SUMMER REGISTRATION FORM



Child #1: _____ DOB _____ Grade in Fall _____ Last Tetanus _____
 Child #2: _____ DOB _____ Grade in Fall _____ Last Tetanus _____
 Child #3: _____ DOB _____ Grade in Fall _____ Last Tetanus _____

Adult Registration: _____ Work Phone _____ Cell Phone _____

Mailing Address: _____ Town _____ Home Phone _____

Emergency Contact Name & Phone: _____

Family Doctor's Name and Phone: _____

For Children: Mother's Name _____ Work Phone _____ Cell _____
 Father's Name _____ Work Phone _____ Cell _____

The following persons have permission to transport my child to and/or from the programs:

The following questions are based on your personal health history, and they are asked so that our programs will be as safe and effective for you as possible and so that we have your health information in the case of a medical emergency. This information will be kept confidential. If you would rather speak with someone about a problem, please do so; otherwise, **check all that apply to each participant and indicate which participant it relates to.** Explain anything checked as needed.

Does participant carry an EpiPen®? _____ If yes, for what: _____ Does participant carry an inhaler? _____

Are there any medical concerns or medications we need to know about?: _____

Conditions checked in this column may require a doctor's note before participation in a dance, exercise, or sports

Which person?

#1	#2	#3	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hearing loss
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	artificial body part
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dizziness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	muscle or joint problem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cigarette smoking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	vision loss
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	obesity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	allergies: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other: _____

#1	#2	#3	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	circulatory condition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	high cholesterol
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	recent surgery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	high blood pressure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pregnancy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	heart condition/chest pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	physician's order not to exercise
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lung condition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 years or older (for fitness participants)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes – Are you on insulin? _____

In consideration of the permission granted to the participant named above to participate in the **PROGRAM(S) LISTED ON THE REVERSE**, I release, waive, discharge and covenant not to sue the Bow Parks & Recreation Department, Town of Bow, Bow Parks & Recreation Commission, their agents, volunteers, and employees (hereafter referred to as the "Town of Bow") from all liability for any and all loss or damage, and any claims or demands therefore on account of injury to the person or property or resulting in death of the named participant, whether caused by the negligence of the Town of Bow while the named participant participates in the **PROGRAM(S) LISTED ON THE REVERSE**.

I further agree to indemnify the Town of Bow from any and all liability, loss or damage, including, but not limited to, bodily injury, illness, death or property damage which they become legally obligated to pay, including reasonable attorney's fees and costs, as a result of claims, demands, costs, or judgments against the Town of Bow its agents and employees on account of injury to the person or property or resulting in death of the named participant whether or not caused by the negligence of the Town of Bow, whether or not such liability is sole, joint, or several. I represent to Town of Bow that to the best of my knowledge, the participant is in proper physical condition to participate and that I assume the risk of participating. I understand that if the above program involves traveling to various activity sites, I accept full responsibility for the transportation of the participant to and from these activities; and I release, indemnify and hold harmless the Town of Bow for any transportation that they provide for which the participant is eligible. I understand that in case of injury or illness, I will be notified. If it is impossible to contact me and it is an emergency, I give permission for first aid treatment to be rendered and, if necessary, to have the participant transported to a hospital and/or medical clinic and to authorize their medical staff and the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery. **I also give permission to use the above named participant's photo for display or advertisement by the Town of Bow and/or Bow Parks & Recreation.**

Signature _____ Date _____ Email _____
 (Adult participant or parent/legal guardian of minor participant)



