

# Youth Program Registration

Pines Community Center



Participant Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender \_\_\_\_\_

Name of Program \_\_\_\_\_ Shirt Size \_\_\_\_\_ Current Grade \_\_\_\_\_

Participant's Town of Residence \_\_\_\_\_ Person Responsible for Payment \_\_\_\_\_

Participant resides with: Both parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other (please specify) \_\_\_\_\_

## **Mother Information**

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

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

e-mail \_\_\_\_\_

## **Father Information**

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

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

e-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

## **Parent/Guardian Statement of Agreement**

I hereby give permission for my child to participate in all activities of the program listed above, and I assume all risks and hazards incidental to such participation. And I do hereby, for myself, my heirs, executors and administrators, waive and release all rights and claims against the Pines Community Center (P.C.C.)/Tilton-Northfield Recreation Council (T.N.R.C.), its officers, employees, agents, and volunteers, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of, or in connection with, participation in the above activity.

## **Medical Release Agreement**

In the event of an emergency, when none of the parents, guardians, or emergency contacts listed above can be reached, I hereby give permission to the employees of the T.N.R.C./P.C.C. to call rescue personnel. I further authorize the appropriate medical personnel to treat, hospitalize, administer anesthesia, and/or order injections or surgery for the safety of the participant.

## **Payment/Refund Clause**

**By signing this form I fully understand that only full payment of the program fee by the date specified guarantees my child's participation in this program. I understand that many of your programs fill quickly, and often have a waiting list. I acknowledge that a refund will only be given in the event of program cancellation. I acknowledge that a \$20.00 fee will be charged for a returned check.**

## **Photo Release Agreement**

I hereby give permission for my child's photograph to be taken and used in Pines Community Center publications. I understand that the photograph may appear on the Pines' website or Facebook page, and that it may be used for P.C.C promotional or publicity purposes in various media including, but not limited to, newspapers, magazines, television and the internet. I hereby waive the right to inspect or approve final images or advertising copy of the photographs taken and so used.

By Signing below I confirm that I have read and understand all of the information in this document and I accept the Parent/Guardian Statement of Agreement, the Medical Release Agreement, the Payment/Refund Clause, and the Photo Release Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_