

**KENT PARK AND RECREATION COMMISSION
PROGRAM REGISTRATION FORM**

Fall Travel Soccer: ___ U8 Coed ___ U10 Girls ___ U10 Boys ___ U12 Girls ___ U12 Boys

NAME _____ BIRTHDATE _____ GRADE _____

PARENT/GUARDIAN NAME _____

ADDRESS _____
Street and/or P.O. Box _____ Town _____ Zip _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

EMERGENCY CONTACT (OTHER THAN PARENT) _____

CONTACT'S PHONE _____

NOTE ANY MEDICAL/PHYSICAL CONDITION(S) COACH SHOULD BE AWARE OF:

MEDICAL AUTHORIZATION

I am the parent/guardian of the above child, a minor. During the time that the minor is engaged in any activity of the Kent Park and Recreation Commission, I authorize such emergency medical care as may be necessary for the minor.

Preferred Hospital _____

PHOTO RELEASE

I give permission for my child's picture to appear on the Kent CT Park and Recreation website while engaged in Kent Park and Recreation ___ yes ___ no

Parent/Guardian signature _____ Date _____

How are you willing to help? coach _____ assistant coach _____ team parent _____

I am available (circle all that apply) M T W R F S

[The Town of Kent, Kent Park and Recreation Commission will charge a \$30 fee for any checks returned by the participant's bank. Thank you.]

PLEASE COMPLETE WAIVER FORM ON BACK SIDE

***** for office use only*****
Cash _____ Check _____ Date Rec'd _____ Rec'd by _____

Town of Kent Waiver, Hold Harmless Agreement and Release of Liability

In consideration for the privilege of participating in Kent Park and Recreation fall travel soccer at the playing fields adjacent Kent Center School, the undersigned hereby agrees that:

1. I understand that there are inherent risks involved in Kent Park and Recreation fall travel soccer, including the risk of serious physical injury or death. I fully assume all risks associated with Kent Park and Recreation fall travel soccer even if due to the negligence of The Town of Kent, and its agents, servants or employees, including but not limited to:

I, for myself and for my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless The Town of Kent, its agents, servants or employees from any and all claims, suits or demands by anyone arising from my use of the Town of Kent facilities and equipment including claims of negligence on the part of The Town of Kent and its agents, servants, or employees.

2. I, for myself and for my heirs, assigns, successors, executors, administrators, and legal representatives, hereby release and agree that I will not sue The Town of Kent and its agents, servants or employees for money damages for personal injury sustained by me while using the Town of Kent facilities and equipment even if due to the negligence of The Town of Kent and its agents, servants or employees.

I have read this waiver, hold harmless agreement and release of liability and fully understand its terms. I further understand that by signing this agreement that I am giving up substantial legal rights. I have not been induced to sign this agreement by any promise or representation, and I sign it voluntarily and of my own free will.

Participant's signature

Participant's printed name

Date

Consent of Parent or Guardian

This is to certify that I, as parent or guardian with legal responsibility for this participant, do hereby consent and agree to his or her release as set forth above, and for myself, my heirs, assigns, successors, executors, administrator and legal representatives, agree to defend, indemnify and hold harmless The Town of Kent and its agents, servants or employees from any and all claims, suits or demands by anyone arising from said participant's use of the Town of Kent facilities and equipment, including claims of negligence on the part of The Town of Kent, and its agents, servants or employees.

Parent/Guardian's signature

Parent/Guardian's printed name

Date