

REGISTRATION FORM

PLEASE PRESS FIRMLY – Form must be complete & signed by participant or parent/guardian to be processed

1. Program: _____ Day: _____ Time: _____ Start Date: _____ Fee: _____ Account #: _____
2. Program: _____ Day: _____ Time: _____ Start Date: _____ Fee: _____ Account #: _____
3. Program: _____ Day: _____ Time: _____ Start Date: _____ Fee: _____ Account #: _____

TOTAL DUE: _____ DATE: _____ CASH: _____ CHECK #: _____ CREDIT: _____ TREASURER'S OFFICE: _____

Please make checks payable to: Chesterfield Twp., VISA / MASTERCARD also accepted (on-site only).

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____

Male: _____ Female: _____ D.O.B.: _____ Age: _____ Grade: _____ School Name: _____

Street Address: _____ City: _____ Zip: _____

Home Phone Number: _____ Work Number: _____ Cell/Pager Number: _____

****REQUESTS, OF ANY KIND, WILL NOT BE GUARANTEED****

Are you willing to be a coach? _____ If yes, please write your first & last name: _____
(All coaches must pass a Background Check. A Background Check form can be picked-up at registration. Form must be returned prior to the last day of registration to be considered)

Coaching Preference (Head Coach or Assistant): _____ Coach's Shirt Size: _____

Shirt Size (If Applicable): YS (6) _____ YM (8) _____ YL (10) _____ AS _____ AM _____ AL _____ AXL _____

Pant Size (If Applicable): YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____

WAIVER OF LIABILITY AND DISCLAIMER: *To induce Chesterfield Twp. and the Parks and Recreation Department to accept registration and permit participation in any recreation program by the named individual, I hereby give my consent and agree to release indemnify and hold harmless the township staff, its officials, coaches and representatives, from any claim arising out of injury or property damage to the named individual. I also hold harmless the township staff, its official's coaches and representatives, from any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs. I understand that Chesterfield Twp. and its officials, departments, employees, agents, sponsors, co-sponsors, volunteers and contractors assume no responsibility for any injury that may be suffered by the participant and that the participant assumes all risk, personal injury, loss and damage of property. I hereby authorize Chesterfield Twp. to use any photos, both video and audio portions of tapes/film, which my dependent or I appear.*

EMERGENCY AUTHORIZATION: *I, the undersigned, parent or guardian of participant, a minor, do hereby authorize the staff, volunteers, coaches, assistant coaches or parents of team members acting in the capacity of activity supervisor / vehicle drivers, as Agent for the undersigned to consent to emergency Medical, Surgical or Dental Examination, Treatment, etc. In case of emergency, I hereby authorize treatment and/or care to participant at any hospital. If there is an emergency and I cannot be reached, please contact:*

(Full Name) _____ (Phone) _____ who is authorized to act on my behalf.

Does this participant have any history of respiratory illness or allergies? _____ Please state problems: _____

List any regularly taken medications: _____

Family doctor to be contacted in case of emergency, or hospital preferred: _____ Phone: _____

LEGAL AUTHORIZATION FOR EMERGENCY CARE AND ACKNOWLEDGEMENT OF DISCLAIMER:

(Signature of Parent or Guardian if under 18 years of age, Signature of Participant if over 18 years of age) _____ (Date)

REFUND POLICY can be found on the reverse side of this document and on the back of your receipt.

STAFF APPROVAL _____ DATE: _____