

BROWNFIELD/DENMARK ACTIVITY SIGN UP

Complete this form to the best of your ability. If you have more than one child on the form, please specify differences.

Please Select Activity:

**Soccer Girls Softball Boys Baseball Rookies T-Ball Basketball Lacrosse
Cheering**
(circle one)

Child's Name: _____ Age: _____ Grade: _____ School:

Parent(s)/Guardian(s):

Address:

Town: _____ State: _____ Zip Code:

Home Phone: _____ Cell Phone: _____ Alt. Phone:

Email Address: _____ Add to Rec email list?

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Medical Information/Permission

Doctor: _____ Phone:

Allergies/Medications: _____ Hospital Preference:

By signing below, I give my permission to the Denmark or Brownfield Recreation Departments to seek medical treatments for my child(ren) listed above in case of an emergency or injury while at a department activity.

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Picture/Internet Permission (circle preference)

I do / do not give my permission to have my child's picture put in the local newspaper for recreation related purposes.

I do / do not give my permission to have my child's picture posted on the internet (recreation related sites only).

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Activity Permission

Your signature below acknowledges the fact that, as you participate in the Brownfield/Denmark Recreation programs, you assume the risk and liability and waive and release any claim for injuries, damages, or loss that you or your minor child sustain through participation in these Programs.

I know there is a risk of physical injury from participating in this program, and I assume these risks, be they injuries, damages, or loss, regardless of severity. I further agree to waive and relinquish all claims against the Town, including its officials, agents, volunteers, and employees. I have read and understand this important information warning of risk, including its assumption and waiver and release of all claims.

Parent/Guardian Signature

Date