

# LINCOLN RECREATION DEPARTMENT REGISTRATION FORM

**FORMS MUST BE FILLED OUT COMPLETELY.  
A SEPARATE FORM IS REQUIRED FOR EACH PARTICIPANT.**

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian (If under 18): \_\_\_\_\_

Address: \_\_\_\_\_ Town/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical/Special Concerns: \_\_\_\_\_

Program Name: \_\_\_\_\_ Dates: \_\_\_\_\_ Fee: \_\_\_\_\_

Program Name: \_\_\_\_\_ Dates: \_\_\_\_\_ Fee: \_\_\_\_\_

Program Name: \_\_\_\_\_ Dates: \_\_\_\_\_ Fee: \_\_\_\_\_

*I, the undersigned, as a legal adult or parent/legal guardian of a minor, do hereby consent to my/my child's participation in voluntary athletic or recreation programs of the Town of Lincoln. I also agree to forever release the Town of Lincoln, the Lincoln Recreation Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Lincoln from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself/my child or property damage resulting from my/my child's participation in the Town of Lincoln's voluntary athletic or recreation programs. I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself/my child or property damage resulting from my/my child's participation in the Town of Lincoln's voluntary athletic or recreation programs. I further affirm that I have read this Consent and Release Form and that that I understand the contents of this Form. I understand that my/my child's participation in these programs is voluntary and that I/my child are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow myself/my child to participate in the Town of Lincoln's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage I/my child may suffer in voluntary Town of Lincoln athletic or recreation programs.*

*I hereby give permission to the Lincoln Recreation Department to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the Lincoln Recreation Department to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Lincoln Recreation Department to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied.*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If participant is under 18, parent/guardian's signature is required)

**For office use only:**

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # : \_\_\_\_\_