

LINCOLN PARKS & RECREATION DEPARTMENT

ACTIVITIES REGISTRATION FORM

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

Participant Name: _____ Gender: _____ DOB: _____ Grade: _____

Parent/Guardian (If under 18): _____

Address: _____ Town/Zip: _____

Day Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Medical/Special Concerns: _____

Program Name: _____ Dates: _____ Fee: _____

Program Name: _____ Dates: _____ Fee: _____

Program Name: _____ Dates: _____ Fee: _____

I, the Mother/ Father/Legal Guardian of my child, a minor, do hereby consent to my child's participation in voluntary programs of the Town of Lincoln Parks and Recreation Department. I acknowledge that my child's participation in these voluntary programs may expose my child to risks of personal injury or death resulting from such participation and the use of materials and equipment by my child and other participants, and the exposure to harm such as may be presented by the COVID-19 virus. I am aware and acknowledge that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, is extremely contagious, and is believed to be spread mainly from person-to-person contact. While the Town of Lincoln Parks and Recreation department has created new protocols and put in place preventative measures in an effort to reduce the spread of COVID-19, I acknowledge that the Town of Lincoln cannot guarantee that my child or I will not become infected with COVID-19, and I acknowledge that attending any program may increase my child's risk of contracting COVID-19.

On behalf of myself and my child, I also agree to forever release the Town of Lincoln, and all of their employees, agents, officials, board members, volunteers and also any and all individuals and organizations assisting or participating in programs of the Parks and Recreation Department ("the Releasees") 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 or death of my child or property damage resulting from my child's participation in the Town of Lincoln voluntary programs in the Parks and Recreation Department.

On behalf of myself and my child, 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, arising directly or indirectly from my child's participation in the Town of Lincoln's voluntary programs in its Parks and Recreation Department. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Town of Lincoln, its employees, agents, and representatives, whether any injury, harm, death, or damage, including but not limited to exposure to or infection by the COVID-19 virus, occurs before, during, or after participation in any Town of Lincoln program.

I further affirm that I have read this Consent and Release From and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in these programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage, including exposure to and infection by the COVID-19 virus, which my child may suffer in these programs.

I give permission and consent to allow photographs to be taken during program session activities and events. I further give permission and consent that any such photographs may be published (in print or media) and used by the Town of Lincoln and its agents, to illustrate and promote the program experience.

EMERGENCY RELEASE WAIVER

I give my permission for my child to take part in all activities and field trips related to the Town of Lincoln's Parks and Recreation Department. I, the undersigned parent/guardian of this applicant, a minor, do hereby authorize the program directors and/or instructors as Agents for the under-signed to consent to Medical, Surgical or Dental Examination, treatments, etc. in the case of an emergency. In giving such

permission, I acknowledge and affirm the risks, releases, and indemnification obligations as outlined above with respect to personal injury or death or damage to property resulting from the use of materials and equipment by my child and other participants, and the exposure to harm such as maybe presented by the COVID-19 virus.

Participant Signature: _____ Date: _____

(If participant is under 18, parent/guardian's signature is required)

REGISTRATION FORMS CAN BE MAILED TO:
LINCOLN PARKS & RECREATION DEPARTMENT, 16 LINCOLN ROAD, LINCOLN, MA 01773 OR DELIVERED TO THE
PARKS & RECREATION OFFICE, HARTWELL A POD, BALLFIELD ROAD, LINCOLN, MA 01773



TOWN OF LINCOLN

Middlesex County...Massachusetts

PARKS AND RECREATION DEPARTMENT

FINANCIAL AID REQUEST FORM

Name: _____ DOB: _____ Grade: _____

Requested By: _____ Relationship: _____

Address: _____ Home Phone: _____

Email: _____ Work/Cell Phone: _____

Monthly Household Income: _____ # of People in Household: _____

ACTIVITIES/PROGRAMS YOU WISH TO APPLY FOR:

1. _____ Fee: _____ Aid Requested: _____

2. _____ Fee: _____ Aid Requested: _____

3. _____ Fee: _____ Aid Requested: _____

DATE: _____ TOTAL COST: \$ _____ TOTAL AID REQUESTED: \$ _____

Our scholarship money is limited; however, our objective is to assist as many people as possible. Please use the following page to explain your need for financial aid and provide us with any information you feel will help our decision. Notification of award will be made within one week of receipt. If you have any questions, please contact the Parks & Recreation Department at (781) 259-0784. This form must accompany an Activities Registration Form, which can be found on the following page.

Both forms can be emailed to ldumont@lincnet.org or mailed to: Lincoln Parks & Recreation, 16 Lincoln Road, Lincoln, MA 01773.

For office use only:

AID GRANTED: _____ SIGNATURE: _____ DATE: _____



TOWN OF LINCOLN

Middlesex County...Massachusetts

PARKS AND RECREATION DEPARTMENT

FINANCIAL AID REQUEST FORM

Explanation of Need

Please use the following space to explain your need for financial aid and attach any additional information you feel will help with our decision.
