RECREATION DEPARTMENT
375 Merrimack St Room 7
Lowell, MA 01852

REGISTRATION/PERMISSION FORM

PLEASE USE PEN & PRINT CLEARLY

Program Registering For: _____ 1 Form for each Participant & for each program.

PARTICIPANT'S NAME:_____
(First) (Middle) (Last)

Address:_____ City:_____ Zip Code:_____

Home Number:_____ Work Number:_____ Cell Phone Number:_____

Sex: M_____ F_____ Date of Birth:_____ Age:_____

For program updates by e-mail go to the city web site at www.lowellma.gov and sign up for Parks and Recreation Notifications.

Medical Information:

THE FOLLOWING INFORMATION MUST BE DIFFERENT THAN STATED ABOVE

Emergency Contact:_____
(Name) (Relationship)

_____
(Address) (Telephone)

Family Doctor: _____ Medical Insurance Co.:_____

Telephone: _____ Policy #: _____

Please Answer all of the Following Questions

1. Are there any activities that would be harmful to the participant's physical or emotional health? Yes:_____ No:_____
   If yes, explain_____

2. Does the participant take any kind of medication? Yes:_____ No:_____
   If yes, explain:_____

3. Is the participant allergic to any medication? Yes:_____ No:_____
   If yes, explain:_____

4. Does the participant have any medical problems our staff should be aware of? Yes:_____ No:_____
   If yes, explain:_____

I hereby give the person mentioned above permission to participate in the programs conducted by the City of Lowell Recreation Department. Permission is also Granted for that person to travel to any school, trip, etc. for play or special programs that are offered. The Lowell Recreation Department **IS NOT RESPONSIBLE** for any injury or accident that may occur either during the course of this program or due to falsification of any information on this form.

I hereby give permission for emergency medical treatment to be administered to the person mentioned above by qualified medical personnel.

Parent/Guardian Signature:_____Date:_____
(REQUIRED FOR PARTICIPATION)

Permission Form for Video (OPTIONAL):

I give the Lowell Parks and Recreation Department permission to video tape any program the participant, guardian or adult takes part in, also to take pictures of the participant to be used for promotional or bonus materials.

I hereby agree to recording of the voice, appearance, activities and any participation of any program that the participant, guardian or adult is involved in. **I am also aware that the videos may appear on television, and the pictures may end up on the Parks and Recreation Department Website.**

Parent/Guardian Signature:_____Date:_____

Release Form

Check one of the following:

_____ I would like my child signed in and out upon drop off and pick up. The person dropping them off must come into the building to sign them in, and must be the person picking up the child as well, unless otherwise stated.

OR

_____ I **DO NOT** want my child to be signed in and out. I will leave them at the door and they will come in and out on their own. They are free to come and go as they please.

Check one of the following:

_____ I want the Parks and Recreation Department to call me on Fridays to remind me about the game time for each week of games.

OR

_____ I **DO NOT** want the Parks and Recreation Department to call me on Fridays to remind me about the game time. The provided schedule and online availability of the schedule is enough for my family.

PLEASE BE AWARE THAT ON THE RECREATION PAGE OF THE CITY WEBSITE, www.lowellma.gov IS THE UPDATED SCHEDULE AND STANDINGS FOR THE LEAGUE. ALSO IS INFORMATION REGARDING UPDATES, ANNOUNCEMENTS, AND CANCELLATIONS.

Check one of the following:

_____ I want my child to wear a mouth guard at all times that they are participating in a Lowell Parks and Recreation Department Floor Hockey event. I understand that other than the one mouth guard provided by the league, I will provide all further mouth guards as my child needs them and do not want my child to play without one.

OR

_____ I feel that my child **DOES NOT NEED** to wear a mouth guard when he/she participates in Lowell Parks and Recreation Department Floor Hockey events. I will not require my child to have a mouth guard if we fail to bring one each week, and I will not hold the city of Lowell, the School Department, or other organizations liable at the failure to do so.

PLEASE BE AWARE THAT THE PROGRAM IS OFFERED AT NO CHARGE TO YOU. FAILURE TO RETURN YOUR CHILD'S UNIFORM WILL RESULT IN A REPLACEMENT FEE BEING CHARGED OF $50.

Parent/Guardian Signature _____ Date: _____