

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: _____