



Youth Program Registration Form

Municipality of Norristown | Norristown Recreation

Starting in Fall 2018, Norristown Recreation requires that all participants complete a program registration form and submit to the Norristown Finance Dept. (located at 235 E. Airy St., Norristown). All questions can be directed to Recreation@norristown.org.

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|--------------------------|---|---|--|---------------------------------|
| PARTICIPANT NAME: | | | | |
| SEASON: | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Winter |
| PROGRAM: | <input type="checkbox"/> Soccer | <input type="checkbox"/> Basketball | <input type="checkbox"/> Track Club | |
| AGE GROUP: | <input type="checkbox"/> 3 to 5 year olds | <input type="checkbox"/> 6 to 8 year olds | <input type="checkbox"/> 9 to 13 year olds | |

| | | | | |
|-------------------------------|--|----------------------|--|-------------|
| GUARDIAN NAME: | | | | |
| RELATIONSHIP TO CHILD: | | | | |
| CONTACT ADDRESS: | | | | |
| CITY: | | STATE: | | ZIP: |
| PHONE (HOME): | | PHONE (CELL): | | |
| EMAIL: | | | | |

Would you like to receive text message notifications and updates? Yes No

Does the Child being registered have any health conditions? Yes No
(please provide detailed documentation explaining the condition)

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|-------------------------|--|----------------------|--|-------------|
| EMERGENCY NAME: | | | | |
| CONTACT ADDRESS: | | | | |
| CITY: | | STATE: | | ZIP: |
| PHONE (HOME): | | PHONE (CELL): | | |
| EMAIL: | | | | |

As parent/guardian, I authorize _____ (child) to participate in the Municipality of Norristown Recreation Youth program identified above. I understand that this event is non-essential, voluntary and not mandatory. I swear, under the penalty of the law, that I (the undersigned) am a guardian of the child identified above and authorized to register him/her in this program. I understand that it is my responsibility to make my child aware of expectations and co-operative behavior that is necessary to participate in the Municipality of Norristown Summer Playground Program. As the responsible adult, I also understand my role in abiding by the rules and agree to comply.

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|-------------------------------|--|--|--|--|
| SIGNATURE OF GUARDIAN: | | | | |
| DATE SUBMITTED: | | | | |



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RISK WAIVER AND RELEASE OF ALL CLAIMS

I, the undersigned parent/guardian, hereby release and agree to indemnify and hold harmless the Municipality of Norristown, its Council, representatives, agents and employees from all claims or liability for damages and/or injuries incurred by my child in connection with programs, events or activity as part of the Municipality of Norristown's recreational programming. I further acknowledge that I have independently reviewed and evaluated the risks and agree to allow my child to participate with the full knowledge and acceptance of risks. In case of emergency, accident or illness, I give permission for my child to be treated by professional medical personnel and be admitted to the hospital if necessary. I agree to be the responsible party for all medical expenses incurred on my behalf for my child. I agree to sign in/out my child or have my child signed in/out by an authorized individual each day.

| | |
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| CHILD's Name (please print) | |
| SIGNATURE OF GUARDIAN: | |
| DATE SUBMITTED: | |

PERMISSION TO PHOTOGRAPH

I hereby authorize/do not authorize the Municipality of Norristown to publish photographs taken of me and/or the undersigned minor children, and our names, for use in the Municipality's printed publications and website.

(Please check your choice)

- I **AUTHORIZE** the Municipality of Norristown to publish photographs taken of me and/or the undersigned minor children, and our names, for use in printed publications and website.
- I **DO NOT AUTHORIZE** the Municipality of Norristown to publish photographs taken of me and/or the undersigned minor children, and our names, for use in printed publications and website.

If yes, I release the Municipality from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the Municipality to use their photographs and names. I acknowledge that since participation in publications and website produced by the Municipality confers no rights of ownership whatsoever. I release the Municipality, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

| | |
|------------------------------------|--|
| CHILD's Name (please print) | |
| SIGNATURE OF GUARDIAN: | |
| DATE SUBMITTED: | |