



SUMMER PLAYGROUND PROGRAM REGISTRATION FITCHBURG RECREATION SUMMER 2019 REGISTRATION FORM



REGISTRATION PERIOD: May 3, 2019 – July 1, 2019

PROGRAM INFORMATION: This program is open to children ages 2-17. Participants under the age of 6 must be accompanied by an adult. The program runs July 8th through August 23rd, Mon.—Fri. from 9:30am—2:30pm, weather permitting. Several low cost field trips are taken throughout the summer. Lunch is provided to participants 17 and under through the USDA Summer Food Service Program in coordination with the Massachusetts Department of Education and the Fitchburg Public Schools. Please return forms via mail to 301 Broad Street, Fitchburg, in person at Landry Arena, 1000 John Fitch Hwy or by email to: recreation@fitchburgma.gov

PARTICIPATING PARKS: Coolidge Park, Crocker Park, Lowe Park, Parkhill Park

REGISTRATION FORM

PARTICIPANT'S NAME: _____ GENDER: _____ BIRTH DATE: _____

ADDRESS: _____ City: _____ ZIP: _____

CONTACT PHONE: _____ EMAIL ADDRESS: _____

T-SHIRT SIZE: _____ GRADE: _____ PARK REQUEST: _____

PARENTS/GUARDIAN CONTACT INFO:

NAME: _____ CELL PHONE: _____

NAME: _____ CELL PHONE: _____

I/We hereby authorize the Recreation Department to contact us via text message.

CONSENT AND RELEASE

I, the undersigned parent/guardian of _____, a minor, do hereby consent to my child's participation in voluntary recreational programs of the City of Fitchburg Recreation Department. I also agree to forever release the City of Fitchburg, Fitchburg Recreation, and all their employees, contractual agents, commission members, volunteers and any and all individuals and organizations assisting or participating in voluntary recreational programs of the City of Fitchburg 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 my child or property damage resulting from my child's participation in the City of Fitchburg Recreation Department's voluntary recreational 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 my child or property damage resulting from my child's participation in the City of Fitchburg's voluntary recreational programs.

Emergency Medical Treatment: I hereby give the Fitchburg Recreation Department permission to administer basic First Aid, CPR, and necessary medication to my child and/or take my child to a hospital and secure medical treatment when I cannot be reached or when delay could be dangerous to my child's health.

Photo Release: I grant to the City of Fitchburg, its representatives and employees the right to take photographs of myself and/or my child(ren) in connection with voluntary recreational programming. I authorize the City of Fitchburg, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the City of Fitchburg may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____