

**TOWN OF BLOOMING GROVE RECREATION  
REGISTRATION FORM – CHILDREN**

NAME OF PROGRAM \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

1. PARTICIPANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_

2. PARTICIPANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_

3. PARTICIPANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_

LEGAL PARENT'S/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WORK # \_\_\_\_\_

HEALTH/MEDICAL RESTRICTIONS \_\_\_\_\_

LOCAL EMERGENCY NAME AND PHONE # (NOT YOUR OWN) \_\_\_\_\_

GRADE/SCHOOL \_\_\_\_\_

In consideration of the Town granting and continuing permission for use of its facilities, programs, and personnel, I hereby authorize my child, whose name appears above, to participate in the Town of Blooming Grove Recreation program; to travel to and from facilities and events conducted by the department. I hereby release the Town of Blooming Grove and its employees from any liability, claims, damage, or expense sustained by my child in connection with such participation.

In case of injury while at the program, I give permission for my child to be taken to a hospital for treatment – to include evaluation for injuries, X-ray, and any needed care. I understand the group leader will try to contact me in case injury occurs.

I have explained to my child that he/she is to obey the Town of Blooming Grove Staff and to follow rules and regulations set forth by them.

As with all Town of Blooming Grove Recreation Programs, credit is given only if a program is cancelled. Transfer of monies from one program to another is not permitted. There will be no credit or refunds if an instructor leaves during the session and is replaced within two weeks.

\_\_\_\_\_  
Legal Parent/Guardian Signature

**FOR OFFICE USE ONLY:**

Payment Amount: \$ \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Money Order# \_\_\_\_\_ Receipt# \_\_\_\_\_

