

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

NAME OF PROGRAM _____ TODAY'S DATE _____

PARTICIPANT'S NAME _____ AGE _____

ADDRESS _____

HOME PHONE # _____ WORK # _____

CELL # _____ EMAIL: _____

HEALTH/MEDICAL
RESTRICTIONS _____

EMERGENCY NAME AND PHONE # (NOT YOUR OWN) _____

I hereby hold harmless and release the Town of Blooming Grove, its employees and agents from any and all liability, claims, damage and expense which may arise in connection with my participation in the Town of Blooming Grove Recreation program. I affirm that I have had a physical examination by a license physician within the last year, and that my physician has advised me and I am not aware of any health or medical restrictions. I am an adult and responsible for my own conduct and I acknowledge that it is solely my responsibility to stop or reduce my participation in the program or exercise routine based on my own level of physical fitness and health.

I understand that I must follow all rules and regulations set forth by Town of Blooming Grove Staff.

As with all Town of Blooming Grove Recreation Programs credit is given **only** if a program is canceled. 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.

Participant's Signature

FOR OFFICE USE ONLY:

Payment Amount: \$ _____

Resident _____

Check # _____ Money Order _____ Non-Resident _____