



**TOWN OF EAST LONGMEADOW
RECREATION**
Fun Happens Here.

328 North Main Street
East Longmeadow, MA 01028
P- (413) 525-5437
F- (413) 526-9746
elrec.recdesk.com



PROGRAM REGISTRATION FORM

Parent/Guardian Info *Returner's fill out the grey boxes only. Newcomers fill out entire form.*

Last Name:	First Name:	
Address:	DOB:	
Town:	State:	Zip:
Email (Required):		
Cell Phone: ()		
Home Phone: ()	Work Phone: ()	
Cell Provider:	Receive text updates? Yes No	
Emergency Contact Name (out of household):		
Emergency Contact Phone: ()		

Participation & Indemnification Clause: I agree to waive and release the Recreation Department and the Town of East Longmeadow, its officers, agents and employees from and against any and all claims, cost liabilities, expenses, or judgements, including attorney's fees and court costs arising of my or my child's participation in the Town's recreation program or any illness/injury resulting therefrom, and hereby agree to indemnify and hold harmless the Town of East Longmeadow from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of the Town or its employees. I understand and agree that by signing this waiver I am freeing the Town of East Longmeadow, its employees, officers, or agents from any liability resulting from my (or my child's) participation in this sponsored event or activity. I recognize that the event can be dangerous to me (or my child) and accept those dangers. I understand that if I am (or my child) is injured, this waiver will be used against me and any one else claiming damage because of my (or my child's) injury in any legal action. I also understand that no employee or agent is authorized to modify this waiver. I hereby represent that I understand and am familiar with the nature of the activities in which I (or my child) will participate in this recreation program that I (or my child) am in good physical health and that I (or my child) do not have physical or emotional conditions, past or present, of which I am aware, which could in any way affect my (or my child) ability to participate in this activity. I have read and understand this waiver. This form shall be considered valid until canceled or changed in writing by the undersigned and received by the Town. My signature acknowledges that I understand and agree to the above conditions.

Resident Non-Resident (Add \$15 per activity)

Participant Information

Last Name	First Name	DOB	Gender	Grade	Activity Name	Fee

Has the medical information been updated within the the past year for each participant? Yes No

If "no", fill out a medical form along with this registration. ←

ELRD Credit	-
Total:	\$

By signing your name below, you agree to the Participation and Indemnification Clause (above right), the ELRD Sport Code of Conduct, Refund Policy, Medical Release and our No Trade policy. You agree to be a positive role model for the children, to encourage good sportsmanship, and to respect all coaches, players, officials, spectators and ELRD staff. Failure to comply with any of the above may result in the withdrawal of you or your child from the program and/or removal of you from coaching.

Signature: _____ Date: _____

Do you wish to be contacted about coaching a team? YES NO

If "YES" what is your preferred practice night? Circle: M T W Th F

Payment Information

Cash Check # _____ Bank _____

CC _____

Visa, Discover, Mastercard EXP _____ CVC _____

OFFICE USE ONLY

Registered By: (Employee Initials) _____

Added to RecDesk wait list & folder.

Payment Included No payment

Visit elrec.recdesk.com for schedule links, rules and to register!