



REGISTRANTS: We cannot run our programs without Coaches or Officials.

Please indicate any areas where you would be willing to volunteer this coming season:

HEAD COACH ASSISTANT COACH OFFICIAL/REFEREE

NAME: _____

HOME PHONE: _____

ADDRESS: _____

CELL PHONE: _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

ACKNOWLEDGEMENT, RELEASE & HOLD HARMLESS FOR PARTICIPATION IN TOWN OF WALWORTH PROGRAM: I acknowledge that I and/or a minor under my supervision (the "Minor") has requested to participate in a Town of Walworth Parks and Recreation program (the "Program"). As part of the consideration for such participation, I hereby acknowledge my understanding of and agreement to the below. I certify that I and/or the Minor has no medical or physical conditions which would or could interfere with safety in this Program, and that to the extent I and/or the Minor does have a condition, including whether unforeseen or unknown, I assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. I understand that accidents, including serious bodily injury, illness, death and/or property damage, could occur during participation in the Program. I acknowledge that participation in the Program is at my and/or the Minor's own risk, all of which risk I have understand and/or have explained to the Minor, and all of which I expressly agree and promise to accept and assume. I certify that my and/or the Minor's participation in this Program is purely voluntary and is chosen despite these risks. This risk includes the potential contraction of illness, including for example, coronavirus / COVID-19. This virus and other illnesses can be very contagious, and the risk of exposure and contraction is likely to increase in situations where persons are together and not isolated, such as during participation the Program. To the fullest extent permitted by law, I agree to bear the cost of any injury, illness or damage that may be caused or suffered by me and/or the Minor while participating in the Program, and I release, indemnify and hold harmless the Town of Walworth for any claims, losses, liability, charge, cost, expense or damages of any nature whatsoever, including reasonable attorney's fees, which may arise from or in any way relate to the Program, whether caused by negligence of the Town or otherwise, whether by accident, unforeseen or otherwise, specifically including but not limited to claims of mine and/or the Minor. I understand that the Town of Walworth does not provide accident and/or medical insurance coverage for participation in the Program, and certify that I have sufficient medical coverage to cover any medical needs which may arise out of participation in the Program. By signing this document, I acknowledge that if a potential claim arises in relation to me and/or the Minor's participation in this Program, a court of law may find me to have waived the right to maintain a lawsuit against the Town of Walworth as a result of this document. Additionally, I understand, acknowledge and agree that the Town of Walworth may videotape or photograph program participants for exclusive use by the Town of Walworth only, in the Town's catalogs, website, brochures, pamphlets, and/or flyers for purposes of publicizing its programs. I grant full permission to the Town to use me and/or the Minor's photograph or video for such purposes without obligation or liability. If any part of this agreement is deemed void, the remainder of the agreement shall remain enforceable.

REFUND POLICY A refund for any reason will be given only if applied for at least seven calendar days prior to the start date of the program. All refunds after this period will be in the form of an account credit that may be used towards the balance of any future Walworth Recreation Programming. A \$5.00 processing fee, per participant, per program will be withheld for all refunds. If the program is canceled by our department, a full refund or account credit will be given and no processing fee will be assessed. We depend on school facilities for several programs. When school access is canceled, our programs still incur expenses. Program refunds will not be given when there are emergency school cancellations that require us to cancel school-based programs. Absolutely no refunds will be granted after program end dates.

I understand and agree to the above:

PRINT ADULT/PARENT/GUARDIAN NAME: _____

MEDICAL CONDITIONS, ALLERGIES, OR MEDICATIONS: _____

SIGN ADULT/PARENT/GUARDIAN NAME: _____

PRINT MINOR PARTICIPANT'S NAME: _____

PLEASE INDICATE ANY SPECIAL ACCOMMODATIONS: _____

DATE: _____

PARTICIPANT NAME	GRADE	DATE OF BIRTH	GENDER	T-SHIRT SIZE	SCHOOL DISTRICT	PROGRAM TITLE	S-ID	FEE

T-Shirt Sizes: YM YL AS AM AL AXL AXXL

T-Shirts run small in size. Late program registrants may not receive a shirt or a specifically requested size as shirts must be ordered at least 3 weeks in advance of program start dates.

Total Due: \$ _____

(THIS SECTION FOR OFFICE USE ONLY)

METHOD OF PAYMENT: CASH:

CHECK #:

CREDIT CARD:



RECEIVED BY:



www.townofwalworthny.gov

(315) 986-1400 Option 7 // 3600 Lorraine Drive, Walworth NY