

Town of Middleton
Community & Economic Development Department

YOUTH PROGRAM REGISTRATION FORM

Program: _____

Participants Name: _____

Birth Date: _____ Sex: _____ Age: _____

Address: _____

Parent/Guardian Name: _____

Phone: (H) _____ (W) _____ (C) _____

Email Address: _____

Emergency Contact *(incase parent is not able to be contacted)* _____

Phone: _____

Participant's Health Card #: _____ Doctor: _____

Medications: _____ Allergies: _____

Does the participant carry & know how to administer medication: Y / N

Other Medical Conditions: _____

Declaration:

I hereby release the Town of Middleton Community & Economic Development, their employees, coaches and volunteers from any liability or responsibility from any property damage or loss, personal injury, and so agree not to make any claim, demands or take any legal action against them should one of the above occur during the aforementioned program.

(Signature of parent/guardian)

(Date)