



TOWN OF EDEN RECREATION DEPARTMENT

PRESENTS

Youth Activity Night

Participant's Name _____
Last First MI

Address _____ City _____ NY _____
Zip code

Phone _____ Cell _____

Doctor _____ Phone _____

Grade _____ Allergies _____

Email _____

Notification in Case of Emergency: Parent / Guardian (For Participating Minors)

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

Please Note: I understand there is a risk of my son / daughter / myself being injured and that this risk is inherent in all sports and activities. I further understand that the risk of injury may be severe, including the risk of fracture, brain injury, paralysis or even death. I acknowledge that The Town of Eden, The Town of Eden Recreation Department and Eden Central Schools DO NOT have and DO NOT provide Accident - Health Insurance policies / coverage for sponsored Programs Participants, Coaches, Managers, Spectators nor Volunteers. It is strongly recommended that any participants be covered by their own Accident - Health Insurance policy. I further understand that Participants, Coaches, Managers, Spectators and Volunteers are in fact - **Participating at Their Own Risk.**

Participant Has Own Accident - Health Insurance Policy / Coverage

I Have Read, and Hereby Acknowledge the Above Statement.

Signature of Parent/Guardian

Date

I give consent to the Town of Eden Recreation Department to use any photographs or videos of my child for promotional or public relations purposes, including web-site material and camp advertising.

Paid: Nov. 16th _____

Jan. 11th _____

Mar. 1st _____