

Recreation Generation (50+) Registration Form

Program/Trip _____ **Trip Date** _____

Meal Choice (if applicable) _____

Roommate(s) (if applicable) _____

Name _____ **Date of Birth** _____

Address _____ **Zip** _____
Street City

Home Phone _____ **Cell Phone** _____

E-Mail Address _____

Emergency Contact _____ **Relation** _____

Home Phone _____ **Cell Phone** _____

Physician Name _____ **Phone** _____

List medications, conditions, allergies, appliances, etc: _____

Special Requests/Notes: _____

_____ I hereby give the Town of DeWitt Recreation Department permission to publish in print, online, or in any media format images and/or video taken of me during this and any future programs/trips.

_____ I hereby give the Town of DeWitt Recreation Department permission to share select personal information with other members of the same programs, when applicable. (i.e. golf league, bowling league, etc.)

READ AND SIGN:

In consideration of your accepting this registration I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against the Town of DeWitt, the Town of DeWitt Parks and Recreation Department, the Town of DeWitt Parks and Recreation Commission, and any and all sponsors, representatives, successors and assigns, for any and all injuries suffered by me/my child in said program. I understand no medical insurance is carried by the Town for program participants. Registrants are encouraged to have their own medical coverage. Refunds will be made in full if the program is cancelled due to insufficient enrollment. Refunds for participant's cancellation will be given individual consideration. Factors affecting participant's refunds include, but are not limited to, tickets purchased, hotel reservations made, time of cancellation and existence of a waiting list. In most cases, no refunds can be made once the program has taken place.

Signature _____ **Date** _____