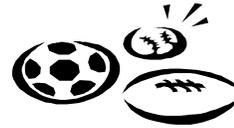




City of Plainfield
Division of Parks & Recreation
REGISTRATION FORM



PROGRAM INFORMATION	SEX	TEE SHIRT SIZE (PLEASE CIRCLE ONE SIZE)							
INDICATE YOUR PROGRAM CHOICE	circle one	YOUTH			ADULT				
	Male	S	M	L	S	M	L	XL	2XL
	Female	6-8	10-12	14-16	34-38	38-40	42-44	46-48	50-52

REGISTRANT INFORMATION

LAST NAME: _____ FIRST: _____ MIDDLE: _____ Date of Birth: _____

STREET ADDRESS: _____ AGE: _____

CITY/STATE/ZIP: _____ HOME PHONE: _____

PARENT/GUARDIAN NAME: _____ CELL/PAGER: _____

E-MAIL ADDRESS: _____ WORK PHONE: _____

HOW DID YOU LEARN OF THIS PROGRAM: _____

EMERGENCY CONTACT NAME (#1): _____ PHONE: _____

EMERGENCY CONTACT NAME (#2): _____ PHONE: _____

MEDICAL RELEASE

REGISTRANT'S PRIMARY CARE PHYSICIAN: _____

ALLERGY OR EXISTING MEDICAL CONDITION: _____

IS THE CHILD CURRENTLY TAKING MEDICATION? _____ yes _____ no (if yes, list medication the child is currently taking: _____)

CONSENT FOR EMERGENCY MEDICAL TREATMENT

IN THE EVENT OF AN ACCIDENT, INJURY OR ILLNESS. I HEREBY GIVE MY CONSENT FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT UNTIL SUCH TIME AS I CAN BE CONTACTED.

PARENT/GUARDIAN SIGNATURE & DATE: _____

PARENT/GUARDIAN CONSENT

I RECOGNIZE THAT IN ANY ATHLETIC ACTIVITY THERE IS AN INHERENT RISK OF INJURY, AS THE PARENT/ GUARDIAN OF: _____

I HEREBY AGREE TO INDEMNIFY AND SAVE THE CITY OF PLAINFIELD, ITS OFFICERS, AGENTS, AND EMPLOYEES, FROM ANY DEMAND, CLAIM, LIABILITY, DAMAGES, LOSSES, SUITS, OBLIGATIONS, ACTIONS, CAUSES OF ACTION OR JUDGEMENT INCLUDING ATTORNEY'S FEE AND COST, WHICH MAY BE OCCASIONED BY AN ACT OR INJURY SUSTAINED BY MY CHILD AS A RESULT OF PARTICIPATING IN A CITY OF PLAINFIELD ACTIVITY. MY SIGNATURE BELOW INDICATES THAT I ACKNOWLEDGE AND FULLY UNDERSTAND ALL OF THE PROVISIONS STATED ON THIS FORM.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

AMOUNT PAID: _____ DATE PAID: _____ RECEIPT #: _____

CITY OF PLAINFIELD
INFORMED CONSENT/WAIVER

A. I, _____, **hereby authorize** the City of Plainfield and/or it's authorized designee, to record, tape, film, photograph, digitize, or otherwise preserve in permanent form the name, likeness, image, biographical material, voice and/or performance of myself. I further agree and understand that all such images herein referenced shall become the sole property of the City of Plainfield.

B. I, _____, am the parent or legal guardian of the minor child named below, and **hereby authorize** the City of Plainfield and/or it's authorized designee, to record, tape, film, photograph, digitize, or otherwise preserve in permanent form the name, likeness, image, biographical material, voice and/or performance of the minor named below. I further agree and understand that all such images herein referenced shall become the sole property of the City of Plainfield.

C. Notwithstanding any language to the contrary, I _____, do hereby **DENY** to the City of Plainfield, its designee(s), agents and/or employees, authorization to record, tape, film, photograph, digitize or otherwise preserve in any form the name, likeness, image, biographical material, voice and/or performance of the minor named below.

D. I **agree/disagree** that any such records and/or images of any kind as hereinabove referenced may be used in whole or in part for broadcast, cablecast, multimedia productions, internet distribution, closed circuit exhibition, illustration, promotional purposes, educational distribution and/or other form of publication as deemed fit by the City of Plainfield, in perpetuity, throughout the world.

E. I **release/do not release** the City of Plainfield, its agents and/or employees from any and all claims for royalties, fees or other compensation for myself or the below named minor's performance, if applicable and the use of such media and agree to hold the City of Plainfield harmless from any and all claims or liability arising therefrom.

Signature _____ Date _____

Signature _____ Date _____
(Parent/Guardian of minor)

Name of minor recorded _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone () _____ - _____ Evening Phone () _____ - _____

For Office Use Only

Date _____	Activity _____	Location _____
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