

Town of Middleton
Recreation and Community Services

PROGRAM REGISTRATION FORM

Participants Name: _____

Birth Date: _____ Health Card #: _____

Address: _____

Email: _____

Phone: (H) _____ Phone:(W) _____ Phone: (Cell) _____

Emergency Name: _____ Number: _____

I would like to register for: _____

Standard Waiver & Release Form:

Having registered in the following program(s) _____

, I do hereby release the Middleton Community and Recreation Services Department , the Town of Middleton, their employees, coaches and volunteers from any liability or responsibility from any property damage, or loss, personal injury, including loss of life, and do agree not to make any claims, demands, or take any legal action against them should one of the above occur during the aforementioned program(s).

Signature

Date Signed

Must be completed and signed by the Participants in order to participate!