

# MILFORD RECREATION PROGRAM & KEYES MEMORIAL POOL PASS REGISTRATION FORM

Program Questions? Milford Recreation Office hours are 8:30am-4:30pm, M-F Call 603.249.0625 • www.milfordrec.com • WE ARE NOW ON FACEBOOK!

## HOUSEHOLD INFORMATION - PLEASE PRINT \*Required Information

\*Parent's Name (First/Last) \_\_\_\_\_ Check if change of  Address  Phone  Email  
 \*Address \_\_\_\_\_ \*City, State, Zip \_\_\_\_\_  
 \*Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ \*Email Address \_\_\_\_\_  
 \*Emergency Contact Name \_\_\_\_\_ \*Relation \_\_\_\_\_ \*Phone \_\_\_\_\_  
 \*Family Insurance (Company Name & Policy #) \_\_\_\_\_

Participant's Name	Gender M/F	Date of Birth	Program/Keyes Memorial Pool Pass	Session Start Date	Fee
<input type="checkbox"/> Resident <input type="checkbox"/> \$15/Individual Pass <input type="checkbox"/> \$60/Family Pass (4 or more people) <input type="checkbox"/> FREE/Children under 4 & Seniors 62+ <input type="checkbox"/> Non-Resident <input type="checkbox"/> \$35/Individual Pass <input type="checkbox"/> \$140/Family Pass (4 or more people) <input type="checkbox"/> FREE/Children under 4 & Seniors 62+					<b>TOTAL</b>

**PLEASE READ AND SIGN BELOW: Return check fee is \$25 • No refunds once session commences**

**Make checks payable to "Milford Recreation"**

**I AM AWARE OF** the hazards of the activity/sport and the risk of injury in this athletic program. I certify that I am in good physical condition and am able to safely participate in this physical activity/sport.

**I ASSUME** all risks and hazards incidental to such participation, including transportation to and from activities, and do hereby waive, release, indemnify and agree to hold harmless the Town Recreation Department, volunteers and staff, team or league sponsors from all liability for any and all loss or damage, and any claim arising out of injury to myself or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

**I HEREBY GIVE MY PERMISSION** for my son/daughter to use the pool facilities provided by the Town of Milford Recreation Dept and/or to participate in the Milford Recreation Dept program. I am aware of the hazards of the activity/sport/pool activity and the risk of injury in these athletic and active programs. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I do hereby waive, release indemnify, and agree to hold harmless the said Town of Milford, its volunteers, staff and all sponsors for all liability for any and all loss or damage, and any claim arising out of injury to my son/daughter or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation. I authorize the MRD to reasonable use of any and all images and statements of/by/about the participant during any part of a MRD program for promotional purposes, including the internet.

**IN CASE OF EMERGENCY,** I hereby give my permission to the program staff and medical personnel selected by the Recreation Dept and staff, to act as my agent to apply simple first aid when necessary, or in the event of a more serious accident, to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of myself or my child.

**IN THE EVENT OF AN EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT PARENT/GUARDIAN.**

**PLEASE LIST ALL MEDICAL CONCERNS** or instructions the staff should know regarding you and/or your child's health on a separate sheet (medications, allergies, behavior concerns, etc.)

\*Signature required of adult participant, parent or guardian of child \_\_\_\_\_ Date \_\_\_\_\_

**REGISTRATION METHOD: Mail-In or Drop Off:** Milford Recreation Department,  
1 Union Square, Milford NH 03055

**For Office Use Only:** Check # \_\_\_\_\_ Amount \_\_\_\_\_  
Date Received \_\_\_\_\_ Staff \_\_\_\_\_