

**SEAFORD DEPARTMENT OF RECREATION**

Registrant's Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ Birthdate \_\_\_\_\_

Employment (Parent's if under 18) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EMERGENCY TREATMENT DATA**

If family cannot be reached, call \_\_\_\_\_ Phone \_\_\_\_\_

Name of family doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical insurance plan \_\_\_\_\_ Policy Number \_\_\_\_\_

Registrant is allergic to

( )Morphine ( )Penicillin ( )Dulfa Drugs ( )Aspirin ( )Other \_\_\_\_\_

Other health concerns \_\_\_\_\_

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**LIABILITY STATEMENT**

I affirm that the information on this statement is true and that I know of no reason, health or otherwise, why participation should be restricted from any Recreation Department programs. I agree to hold their officials, directors, and employees harmless for any action.

\_\_\_\_\_ Date \_\_\_\_\_

Registrant's Signature (Parent if under 18)

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IF REGISTRANT IS UNDER 18 YEARS OF AGE, THE FOLLOWING STATEMENT MUST BE FILLED OUT.

**PARENTAL PERMISSION STATEMENT**

I, the parent of or legal guardian of \_\_\_\_\_ grant permission for him/her to participate in any recreation department sponsored program. Such permission will continue in full force and be in effect so long as the child is in any program or withdrawn from an activity. I agree to hold the recreation department, their officials, directors, and employees harmless for any action.

In the case of an accident or illness, I request that the department contact me. If they are unable to reach me, I authorize and request them to call the person designated on this form. Should there arise a pressing necessity for medical aid, I authorize the department, it's officials, directors and employees to transport or to have my child transported to the nearest medical facility.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Recreation Dept. Staff