



SEAFORD DEPARTMENT OF RECREATION

Registrant's Name _____ Program _____
Birth date _____ Age _____ Birth Certificate on File? ☐ Yes ☐ No
Parent/Guardian Name _____
Home Address _____
Home Phone: _____ Cell Phone _____
May we contact you via text message for cancellations, etc.? ☐ Yes ☐ No
Shirt/Jersey Size: ☐YS ☐YM ☐YL ☐YXL ☐AS ☐AM ☐AL ☐AXL ☐AXXL

EMERGENCY TREATMENT DATA

If family cannot be reached, call _____
Phone _____ Relationship to Participant _____
Name of family doctor _____ Phone _____
Medical insurance plan _____ Policy Number _____
Allergies _____
Other health concerns _____

I, hereby grant and authorize the Recreation Department the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of the registrant.

☐ Yes ☐ No

(To be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration.)

IF REGISTRANT IS UNDER 18 YEARS OF AGE, THE FOLLOWING STATEMENT MUST BE READ AND SIGNED.

PARENTAL PERMISSION & LIABILITY 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 Such permission will continue in full force and be in effect so long as the child is in any program or withdrawn from an activity.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 and the City of Seaford, their officials, directors, and employees harmless for any action.

CORONAVIRUS / COVID-19 WARNING & DISCLAIMER

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Seaford Parks & Recreation programs could increase the risk of contracting COVID-19. The city of Seaford in no way warrants that COVID-19 infection will not occur through participation in Seaford Parks & Recreation programs.

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 that they call the person designated on this form. Should a situation occur where emergency medical treatment is necessary, I authorize the department, its officials, directors or employees to transport or have my child transported to the nearest medical facility.

Registrant's Signature (Parent if under 18)

Date

Rec. Dept. Staff