



Town of Carmel Recreation and Parks Department
Activity Registration Form
 (Please Fill Out Form Entirely and Please Print Clearly)

Town of Carmel Resident / Family Registration on File

Non-Resident

Participant's Name: _____ Sex: Male Female

Street Address: _____ Town: _____ Zip Code: _____

Date of Birth: _____ Grade: _____ Age: _____

Telephone: Home - _____ Cell- _____ Work- _____

Emergency Contact: Name - _____ Relationship - _____ Telephone - _____

Program Name	Activity #	Day(s)	Time	Fee
		Su M T W Th F Sat	<input type="radio"/> AM <input type="radio"/> PM	
		Su M T W Th F Sat	<input type="radio"/> AM <input type="radio"/> PM	
		Su M T W Th F Sat	<input type="radio"/> AM <input type="radio"/> PM	
		Su M T W Th F Sat	<input type="radio"/> AM <input type="radio"/> PM	
		Su M T W Th F Sat	<input type="radio"/> AM <input type="radio"/> PM	

Fee submitted with Registration: Amount - \$ _____ Check No. _____ Cash _____

- We do not accept cash through the mail. Please make checks payable to "Carmel Recreation and Parks"
- Please note that payments will be processed at time of registration; refunds will be issued for cancelled classes.

GENERAL RELEASE: The undersigned hereby releases the Town of Carmel, its Town Board, Recreation & Parks Department, employees and volunteers thereof, of any responsibility should an accident or injury occur to the above-named participant as a result of participation in the aforementioned program sponsored by the Carmel Recreation & Parks Department. I understand the department may use photos taken during events for publicity unless I notify them in writing otherwise.

I give consent for the above-named applicant to participate in the program listed above. I understand and I am responsible for transportation to/from Thunder Ridge if participating in the ski/snowboard program.

Many recreational activities involve the possibility of physical injury. The municipality does not hold accident insurance. Such insurance is the responsibility of the individual. I hereby release the Town of Carmel and employees of any liability whatsoever in connection with any damage and/or injuries that the above-named person may sustain as a result of participation in the above-named program.

A hospital will not provide treatment for a minor unless accompanied by a parent or guardian. This form will permit your child to be treated if an emergency situation arises and we are unable to contact you.

I certify that I/my child have no medical condition and require no medication that would be dangerous in conjunction with these programs. I also certify that I/my child was born on the above date and am/is the required age by the first day of the class(es) listed above.

There will be no refund if participant is picked up early or asked to leave in the event of a discipline problem. Refund requests due to medical reasons must be accompanied by a physician's note.

Any misrepresentation will result in expulsion from class and forfeiture of all fees.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE POLICY.

Participant's Signature (Parent/Guardian if participant is under 18 years old)

Date:

Please print name (Parent/Guardian if participant is under 18 years old): _____