

CONYNGHAM CHILDREN'S RECREATION PROGRAM

REGISTRATION FORM

Personal Information

Child's Name _____

Address _____ town _____ state _____ zip _____

Birth Date _____ Age _____

Allergies _____

Other Medical Conditions _____

Medication _____

PRIMARY CONTACT Name/Relationship to Child _____

Phone Number _____

Email _____

SECONDARY CONTACT Name/Relationship to Child _____

Phone Number _____

Physician Information

Child's Physician _____

Physician's Phone Number _____

Fee: \$170.00 NON-REFUNDABLE

Rules

1. Pick up children promptly at 12:00 p.m. No exceptions.
2. Please dress in appropriate clothing (shorts, T-shirts, socks and sneakers)
3. Children are expected to listen to the Director and Aides at all times.

I have read and understand the rules of the Park Program. I give my consent to have my child enter the Conyngham Recreation Program and understand that the cooperating authorities and owners of Whispering Willows Park and the Conyngham Recreation Board will not be held responsible for loss of property, nor injury or death due to accident.

Parent's Signature _____

PRESS RELEASE

I hereby give permission for the Conyngham Recreation Board to use my child's name or photograph in news releases about the Conyngham Park Program in which he/she is participating.

Parent's Signature _____

I hereby give my child permission to walk to and from the Park Program on his/her own (must be over age 8).

Parent's Signature _____

CONYNGHAM BOROUGH YOUTH PARK PROGRAM

**PARENTAL PERMISSION TO PARTICIPATE AND
RELEASE FROM LIABILITY**

I, _____ hereby give permission to my son/daughter,
_____, to participate in the Conyngham Borough Youth Park
Program.

In consideration of being allowed to participate in the Program as administered by the Borough of
Conyngham, Luzerne County Pennsylvania, including all related events and activities, I, intending to be legally
bound, acknowledge the following:

1. I acknowledge and fully understand that my child will be engaging in various activities, including sports
and general recreation that may involve risk of injury, and that there may be other risks not known to
us or not reasonably foreseeable at this time.
2. That we assume all of the foregoing risks and accept personal responsibility for any damages following
injury, disability or other implications.

We hereby release, waive and discharge the Borough of Conyngham, Luzerne County, its administrators,
council, agent, servants, workmen and/or employees from demands, losses or damages on account of injury
to person or property caused or alleged to be caused, in whole or in part, by negligence or otherwise.

The undersigned has read the above Waiver and Release and understands the substantial rights may be given
up by signing the same and, notwithstanding, they sign it voluntarily.

Signature

I give permission for sunscreen/first aid to be applied to my child.

Signature

I give permission for my child to swim at the CVCO pool.

Signature

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ BEFORE SIGNING

IN CONSIDERATION OF my child/ward being allowed to participate in any way in the Conyngham Valley Civic Organization related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and Coronavirus diseases) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, MY SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Conyngham Valley Civic Organization; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Child/Ward: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date Signed: _____

UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Name of Child/Ward: _____

Signature of Child/Ward: _____

Date Signed: _____