

TOWN OF MILFORD

RECREATION DEPARTMENT

Town Hall
1 Union Square
Milford, NH 03055

Telephone: 249-0625
Fax: 673-2273
E-Mail: recreation@milford.nh.gov

**** ADULT REGISTRATION and WAIVER FORM ****

PROGRAM NAME: Coed Softball TEAM NAME: _____

ADULT NAME _____ MALE _____ FEMALE _____

ADDRESS _____ TOWN _____ ZIP _____

TELEPHONE: DAY # _____ EVE # _____

EMAIL _____

MEDICAL INSURANCE COVERAGE: (yes/no) COMPANY: _____ POLICY #: _____

IN CASE OF EMERGENCY, NOTIFY:

NAME _____ RELATIONSHIP _____

WORK ADDRESS _____ TOWN _____ PHONE _____

EVENING ADDRESS _____ TOWN _____ PHONE _____

EMERGENCY TREATMENT, RELEASE & WAIVER AGREEMENT:

** 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 Parks & 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.

** In case of emergency, I hereby give my permission to the medical personnel selected by the manager and staff, to act as my agent to hospitalize, secure proper treatment for, to order x-rays, routine tests, or other medical treatment for myself.

SIGNATURE _____ DATE _____

** PLEASE LIST ALL medical concerns or instructions that the team manager should know regarding your health.
(i.e. medications, allergies, etc.)