



ADULT PROGRAM REGISTRATION

Date: _____ Program: _____

Participant's Name: _____ Phone: _____

Address: _____ Birth Date: _____

E-mail Address: _____ Age: _____ Sex: _____

Medical Conditions:

Please list all medical conditions for the person registered in any Borough sponsored program, on the opposite side of the page on the line provided. **** Please note the Borough and its employees or volunteers will not dispense any medication, prescribed or over the counter or administer the EPI pen except for those participating in the Camp programs. We require the parents to bring a signed letter of authority with instructions.** Specific medical allergies, chronic illness, or other medical conditions the stuff should be aware of:

EMERGENCY CONTACT _____ Phone # _____

Photo Consent

Manville Recreation Department will feature its programs in the local newspaper, Manville Recreation Facebook Page, and the Borough of Manville Website. While the intent of this practice is to be informational, we respect the individual's rights to privacy. To provide parents and participants the option to exercise their right to privacy, the Manville Recreation department is providing the opportunity to have individual names and pictures removed from all lists and publications.

I as parent/guardian and on behalf of any other named person in this application, hereby authorize and consent to the use of his/her visual image by the Borough of Manville and the Borough of Manville Recreation Department for appropriate purposes, including but not limited to still photography, videotape, electronic and print publications and websites. I give this consent with no claim for payment.

Please check here is you **DO NOT** consent to the photo release _____

Reasonable Modifications:

If any participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations.

____ Yes, I will need to be contacted regarding reasonable modifications for the participant and I have provided the necessary three (3) weeks’ notice prior to the beginning of the program.

Indemnification and Hold Harmless Agreement

Release: I and behalf of adult family members and minor children who are listed in this application hereby release the Borough of Manville and the Borough of Manville Recreation Department from all liability from bodily injury, personal injury and/or property damage that may occur on premises or as a result of our participation in the Borough of Manville Recreation program. The participants named in this application individually or through their parent or guardian, hereby agrees to protect, indemnify and hold harmless the Borough of Manville, its officers, directors, employees, officials, volunteers, agents, subcontractors and affiliates (collectively referred to as “Indemnified Parties”) from and against any and all liabilities, losses, damages, costs, expenses (including attorney’s fees and expenses), causes of actions, suits and claims of any nature whatsoever. Such indemnification shall include but not be limited to, matters arising from, based upon, or relating to (a) Personal Injury or death to, or damage to or loss of property of, loss of use of property, to any person caused in whole or in part by the negligence of the Indemnified Party in connection with such Indemnified Party’s involvement or participation in the afore-mentioned activity.

All participants in programs sponsored by the Manville Recreation Department are subject to the rules and regulations established by the Department and to such written or verbal directives, which may be issued by the Department, Instructors, coaches, and other authorized personnel. The failure of any participant or spectator to comply with the rules, regulations, and directives, or conduct by any participant or spectator which is disruptive of any program, or which poses a danger to others will subject the offending individual to discipline, including removal from the program. Program Fees are non-refundable.

I understand and acknowledge that enrollment in any program expressly subject to the conditions stated herein.

Signature

Participant Signature_____ Date_____

Print Name_____