

Welch Field Registration - 2018

ADULT FORM

Name _____ Birthdate _____ Age _____

Address _____ Phone (H) _____

City _____ State _____ Zip _____ Phone (C) _____

Email Address _____ Phone (W) _____

Ethnicity: White ___ Hispanic or Latino ___ Black or African American ___ Asian ___
Native Hawaiian/other Pacific Islander ___ American Indian/Alaskan Native ___ Two or More Races ___

Programs: Aquacize Classes _____ Lap Swim Sessions _____ Open Swim Sessions _____

IN CASE OF EMERGENCY PLEASE CONTACT:

1.) Name _____ Phone (H) _____

Relationship _____ Phone (C) _____

2.) Name _____ Phone (H) _____

Relationship _____ Phone (C) _____

Medical Restrictions or Concerns: _____

“I will assume responsibility for all accidents and injuries incurred as a participant in the Welch Field Recreation Commission’s Summer programs, and I authorize treatment as deemed necessary by attending personnel.”

I grant permission for publication of unnamed photos of myself.

Date

Signature

Office Use Only: Check One: Village _____ Town _____ Out of Town _____

Amount Paid: _____ Date Paid: _____ Type: _____