**Welch Field Swimming Registration - 2019**

**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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“I will assume responsibility for all accidents and injuries incurred as a

participant in the Welch Field Village of Westfield Recreation Department’s Summer programs, and I authorize treatment as deemed necessary by attending personnel. I give permission for photos of myself to be used in local media and on the Welch Field Facebook page.”

**I grant permission for publication of unnamed photos of myself.**

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Date Signature

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**Office Use Only**: Check One: Resident\_\_\_\_\_\_\_\_\_\_ Non-Resident\_\_\_\_\_\_\_\_\_\_

Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check or Cash: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_