

Village of Milan Recreation
Children's Fun club Registration form 2019

*****PLEASE READ FORM THOROUGHLY AND FILL IN ALL THE BLANKS*****

PLEASE PRINT

Childs Name: _____

Parents Name: _____

Phone# _____ Phone# _____ Phone# _____

Address: _____ City: _____ Zip Code: _____

Age: _____ Grade: _____ School: _____ Date of Birth: _____

Doctor: _____ Insurance: _____

Please list any health factors which you child has, such as Asthma, Heart Conditions, Epilepsy, Diabetes, Allergic Reaction to anything.

WAIVER FOR PARTICIPATION

In consideration of acceptance of this contract and permission to participate in Children's Fun Club for the current year of 2019. I hereby, for myself, my heirs, executors, and administrator, waive and release any and all rights and claims for damages I may have against the Milan Recreation program, and all member association for any and all injuries suffered in any recreation program or practice. Upon signing this registration form I also agree to all the rules of the Milan Recreation Department.

Parent Signature

Date

Please write on back those allowed to pick up children with a phone #

Do you give permission for your child's picture to be posted on Face book YES/NO

