



**CITY OF CHICOPEE
PARKS AND RECREATION DEPARTMENT
687 Front St. Chicopee, MA 01013
413-594-3481**



BENJAMIN STREPKA
ACTING SUPERINTENDENT

PROGRAM ENROLLEMENT FORM

Participants Name: _____ D.O.B: _____ Age: _____ Gender: _____

Medical Concerns: _____

(PLEASE PRINT)

Parent / Guardian: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Program: _____

Emergency Contact Phone Number

All adult participants should provide an emergency contact. Please do not list same parent/guardian as above.

1. Name of Person: _____ Relationship: _____ Phone: _____

2. Name of Person: _____ Relationship: _____ Phone: _____

PLEASE READ THE FOLLOWING & SIGN BELOW

Please read this form carefully and be aware that in signing you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

As a participant or parent/guardian of a participant, in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss for which I or my minor/ward may sustain as a result of participating in any and all activities connected with or associated with this program.

I do hereby fully release, discharge and agree to identify and hold harmless and defend the Chicopee Parks and Recreation Department, its officers, agents, servants and employees from any and all claims from injuries, including death damages or loss sustained by me or my minor child/ward may or sustain, arising out of, connected with as a result of participating in this activity or the program.

**I HAVE READ AND FULLY UNDERSTAND THE PROGRAM DETAILS AND WAIVER
RELEASE OF ALL CLAIMS**

PARTICIPANT/GUARDIAN SIGNATURE _____ DATE: _____

“TO BENEFIT HEALTHY LIFE-STYLES WHILE ENSURING CONTINUED BETTERMENT OF THE QUALITY OF LIFE”

687 FRONT ST - CHICOPEE, MA 01013-3199

(413) 594-3481 FAX (413) 594-3486 <http://www.chicopeema.gov/333/Parks-Recreation>