

Town of Moreau Recreation

General Registration Form

Date: _____

Name: _____

Address: _____

Home Phone: _____ Cell: _____ Age: _____

Email: _____

Any Health Issues or Concerns: _____

Special Accommodations Needed: _____

Emergency Contact Name: _____ Phone: _____

Program(s) – List each separately:

Cost

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____

Total Amount Enclosed: \$ _____

Make checks payable to: "Town of Moreau"

Separate required for each program

Indicate Method of Payment: Cash _____ (x) Check _____ (#)

Receipt # _____ (for office use only)

Release and Liability:

Participating in any recreational activity poses some degree of risk, and I agree to hold the Town of Moreau, their Recreation Department, their affiliates, and all staff unaccountable for any damages, injuries, and possible death that may occur as a result of my participation. I understand that participating in this program is done so at the participant's own risk. I give permission for any emergency care necessary to be done by a licensed individual. The Town of Moreau does not provide accident insurance.

Signature of Participant or Parent/Guardian if Under 18

Date
