



Lexington Recreation Department EMERGENCY INFORMATION

1625 Massachusetts Avenue
Lexington, MA 02420
(781) 862-0500 ext. 262

PARTICIPANT NAME _____

DATE OF BIRTH _____ Last _____ First _____ Initial _____
AGE _____ GENDER _____

ADDRESS _____ ZIP _____

HOME # _____ CELL# _____ WORK# _____

EMAIL ADDRESS: _____

* * * * *

EMERGENCY INFORMATION:

NAME _____ Relationship: _____

ADDRESS _____ PHONE# _____

BUSINESS PHONE # _____ CELL # _____

PHYSICIAN _____ PHONE# _____

DENTIST / ORTHODONTIST _____ PHONE# _____

DO YOU HAVE ANY SPECIAL NEEDS OR MEDICAL CONCERNS THAT WE NEED TO BE AWARE OF? IF YES PLEASE EXPLAIN.

DO YOU HAVE ANY ALLERGIES? (Please specify)

DO YOU HAVE ANY PROBLEMS REQUIRING SPECIAL ATTENTION? (Please specify)

PERMISSION: Please read and sign the Medical Consent and Release of Liability below to complete registration.

I, _____, do hereby consent to participation in the Town of Lexington Recreation Department sponsored programs, pictures to be taken for advertisement or promotion of programs and to my use of the recreational facilities and equipment of the Town of Lexington. I further agree to release and save harmless the Town of Lexington, its officers, employees, agents, and attorneys from any and all liability or expenses arising out of any incident involving, or on account of any injury in connection with such program, hereby give permission to the Town of Lexington Recreation Department staff to provide and administer immediate first aid and authorize a physician at a local hospital to secure proper treatment if the need arises.

As the undersigned, I understand that no confirmations will be mailed and no refunds will be given after the start of the program. Further, this verifies that I am in good health and able to participate in all activities.

Signature _____ Print Name _____

Date _____