

Greenville Recreation and Parks Senior/Adult registration Form

Participant info:			
First Name _____	Last Name _____	Prefers to be called _____	
Birthdate _____	Age _____	Gender (circle one)	M F
Phone (H) _____	Address _____		
Phone (C) _____	_____		
Phone (W) _____	City/State _____		
	Zip _____		
Email _____			

Medical Information (allergies, special medications, instructions, etc.)

Additional emergency contacts- Please include first and last name and a current phone number.

Name	Phone	Name	Phone
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ADULT - PERMISSION, RELEASE, AND ASSUMPTION OF RISK

In consideration of my being allowed to participate in ___Senior Programs & Trips___ sponsored by the Greenville Recreation and Parks Department (GRPD), I hereby assume all risks and release the City of Greenville, its employees, and volunteers from all liability whatsoever for any injuries or accidents in connection with my participation including, but not limited to, any injury or accident occurring during transportation related to this program. I intend this release to be binding not only for myself, but also on my family and all legal successors in interest. I hereby grant permission to the City of Greenville to use, for promotional purposes, photographs and video images taken of me while participating in this program. For the safe enjoyment of this program by all participants, the GRPD staff has established rules and regulations and I agree to abide by them, or accept dismissal for refusing to follow them.

In the event that I am injured, and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by the GRPD staff to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat me and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

Name (please print)

Date

Signature

Date