



Mission: The Parks and Recreation department operates year-round programs throughout the City's public facilities, playgrounds, schoolyards, and various other locations to promote positive and healthy activities for all members of the Somerville community.

Parks and Recreation Registration Form for Youths

Activity _____ Session _____

Child's Last Name First Name Gender: M F

Street Address City or Town Zip Code

Phone Number Cell Phone Number E-Mail Address

____/____/____ _____ _____
Date of Birth School Attending Grade

Payment Required: Yes or NO

Program Fee: _____ Check# _____ **CASH NOT ACCEPTED**

(Please make checks payable to "Somerville Recreation")

In case of Emergency, please contact the name and phone number of the person listed below:

Primary Contact Name Employer Work Telephone

Home Phone Pager/Cell Phone E-Mail Address

Authorization to participate in The City of Somerville Parks and Recreation Programs, Medical Consent, and Disclosure of Medical Information:

As parent/guardian, I authorize _____ (child) to participate in the City of Somerville Parks and Recreation (SPR) Commission and SPR sponsored events. I understand that this even is non-essential, voluntary and not mandatory.

By signing in the space provided below, I understand that there are inherent risks in the activities of the SPR and I agree to release and hold harmless the City of Somerville from liability and loss occurring in connection with my child's participation in SPR and SPR sponsored events. I hereby agree to waive future claims against the City of Somerville, SPR and its employees, agents and assigns.

In the event that my child/ward becomes seriously ill or injured, I consent to the administration of emergency procedures/treatment upon advice and general of specific supervision of an attending hospital/physician. The emergency procedures/treatments may include, but are not limited to anesthesia, x-rays, medical or surgical diagnosis, etc. However, I understand that the staff of SPR will make every reasonable effort to immediately contact me, in the first instance, when such illness or injury occurs.

As described below, my child/ward has the following medical conditions and is taking the following medications. I understand that I am obligated to update this information.

Circle all that apply and describe in detail. (Use separate page if necessary). Asthma, Heart, Lungs, Epilepsy, Muscular/Bone Injuries, recent exposure to Chicken Pox or other contagious illnesses/diseases, other (explain): _____

My Child/Ward is taking the following medication (s): _____

I understand the contents of this authorization, medical consent and liability release and am aware that if I make any alterations to this form, it shall be rendered void and incomplete and my child/ward shall not be allowed to participate in this program.



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Further, I agree to allow my child to be photographed for publicity purposes. I will not hold the City of Somerville SR, and its employees, agents and assigns responsible in case of accident or injury as a result of such participation. If you are borrowing any equipment from SR for the purpose in practicing, please be aware that you're responsible for the equipment and if it is broken or lost you will be responsible for a replacement.

Additionally, I have read and understand the Code of Conduct and consent to abide by all listed terms.

The City of Somerville Parks and Recreation Department and Commission have adopted the following code of conduct as a result of its concern for good sportsmanship in cosponsoring youth activities. Youth sports/activities can be used as an opportunity for your child to learn how to engage in healthy competition while maintaining respect for their opponents. All parties to athletic competitions should adhere to the highest standard of positive support for the contestants. By participating in the City of Somerville's Youth Programs, all parties must abide by the **Code of Conduct**. Violations may result in the loss of privileges at city facilities/fields.

1. I (and my guests) will be a positive role model for my children and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.
2. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent. This conduct could include booing, taunting, refusing to shake hands, or using profane language or gestures.
3. I will respect the officials and their authority. I will refrain from questioning, discussing or confronting coaches during the games, and will take time to speak with the officials or coaches at an agreed upon time and place.
4. I will remember that children participate to have fun and that the game is for the youths, not the adults.
5. I will demand a sports environment for my child that is free from drugs and alcohol and will refrain from their use at all youth sports events.
6. I realize that the purpose of my attendance is to observe a contest and support recreation activities, not a license to verbally assault others or be generally obnoxious.
7. I will respect the athletic facility in which I am visiting and will not damage or deface park or school property.

Signature of Parent/Guardian

Date