



## CITY OF MELROSE

RECREATION DEPARTMENT

**Melrose Recreation Department**  
**562 Main Street**  
**Melrose, Massachusetts 02176**  
**Telephone - (781) 979-4179**  
**E-mail - [recreation@cityofmelrose.org](mailto:recreation@cityofmelrose.org)**

# **REGISTRATION FORM**

**Make Checks Payable to "Melrose Recreation Department"**

PROGRAM TITLE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ Medical Concerns: \_\_\_\_\_

EMAIL ADDRESS (REQUIRED): \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

I agree to hold harmless the City of Melrose, its Recreation Department, and/or any of its employees, coaches, assistant coaches, officials, officers, and all adult volunteers from any claims or liability arising out of or related in any way to my child's participation in the sport or activity. I give my permission for medical treatment to be given to the participant if the need arises.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Photo/Video Release:** *I, the parent/guardian of the above named Registrant, in consideration for accepting the Registrant for Melrose Recreation Department programs and activities (collectively the "Programs") hereby grants to the Melrose Recreation Department the right and permission, free from any further approval, review or cost, to photograph, record (both audio and visual) or otherwise capture the Registrant's likeness in participating in these Programs for use in media, now or hereafter known, including, but not limited to social media, newspapers, radio and television stations, written articles, or websites. In consideration of the opportunity for the above-named Registrant to participate in the Programs, I agree to indemnify and hold harmless the City of Melrose, its Recreation Department and/or any of their employees and contractors for all claims or liability related to or resulting from the use and editing of my child's image, voice or name, and the use, editing and release to media outlets of the same.*

☐ Yes, I give permission for photo/video release

### **OFFICIAL OFFICE USE ONLY:**

PROGRAM FEE: \$ \_\_\_\_\_ CASH: \_\_\_\_\_ CHECK #: \_\_\_\_\_ DATE: \_\_\_\_\_