

DATE OF BIRTH: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SEX: FEMALE: \_\_\_ MALE: \_\_\_  
ALLERGIES OR PHYSICAL LIMITATIONS: \_\_\_\_\_  
IN CASE OF EMERGENCY AND I CANNOT BE REACHED - CONTACT:  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

FORMS MUST BE RETURNED TO THE TOWN HALL BY: July 13, 2017 (Thursday)  
PROGRAM ELIGIBILITY: 4-13 years  
I AM INTERESTED IN COACHING: \_\_\_\_\_ PHONE: \_\_\_\_\_

TURN OVER FOR PARENTAL CONSENT FORM



NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ GRADE: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SEX: FEMALE: \_\_\_ MALE: \_\_\_  
ALLERGIES OR PHYSICAL LIMITATIONS: \_\_\_\_\_  
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whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of New York and agree that if any portion is held invalid, the remainder of the waiver will continue to full legal force and effect. I further agree that the venue for any legal proceedings shall be in New York.

I affirm that I am of legal age, the child's legal guardian and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up-legal rights and/or remedies which may be available to me for the ordinary negligence of the Town of Schuyler Falls or any of the parties listed above.

\_\_\_\_\_  
(Signature of participant)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of parent if participant is under 18)

Date: \_\_\_\_\_

limited to, neck and spinal injuries, injury to virtually all bones, joint muscles, and internal organs, and that equipment provided for my child's protection may be inadequate to prevent serious injury. I am allowing my child to voluntarily participate in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, or personal injury. In addition, I understand I may not always be there and in the event of an emergency, I hereby give permission for my child to be given emergency first aid treatment and or to be examined and treated at the nearest medical facility.

I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS the Town of Schuyler Falls and others listed for any and all claims arising as a result of my child's engaging in or receiving instruction in Town activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of New York and agree that if any portion is held invalid, the remainder of the waiver will continue to full legal force and effect. I further agree that the venue for any legal proceedings shall be in New York.

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(Signature of participant)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of parent if participant is under 18)

Date: \_\_\_\_\_