

Registration Form

Dover Resident

Non-Resident



Adult or Responsible Party Information

Last Name		First Name		Middle Initial
Mailing Address		City	State	Zip
Phone: H() W() Cell()	Emergency Contact Name: H()		Relationship: Cell :	
Email address:				

PARTICIPANT INFORMATION—Please fill in the information below for each person you are registering

Last Name	First Name	Middle Initial	DOB-Mo/Day/Yr.	Age	Gender	Grade in Sept. 2020

CONFIRMATIONS WILL NOT BE SENT

Participant Name	Program Name	Program Fee
Example: John Doe	EXP: Learn to Skate & Dates of Program	\$00.00

No refund given after activity begins. All persons participating in Dover Recreation programs do so at their own risk and without recourse to the City of Dover, its agents, officers or employees. A \$10 non-refundable administration charge included in all fees.

I, the undersigned, parent or guardian, do hereby acknowledge that the foregoing activity is recreational and not a necessity, and agree to allow the individual(s) named above to participate in the activity, and I further agree on my own behalf, any other parent/guardian, and on behalf of the individual(s) named above to release, waive, covenant not to sue, and hold the City of Dover, its Recreation Department, and all officials, employees, and agents harmless from and against any and all manner of liability, including but not limited to actions, omissions, and/or negligence of the City and/or its officials/employees/agents, for any injury, sickness, impairment, disease, illness, death, loss, expense, or damages which is or may be suffered by you and/or the aforementioned individual arising out of or in relation to his/her participation in this activity. The foregoing release/waiver/covenant not to sue/hold harmless also extends to any and all risks associated with the novel coronavirus (COVID-19), for which I expressly assume all risk associated with and which I understand is extremely contagious and is believed to spread mainly from person-to-person contact.

I, understand that in case of injury or illness, I will be notified. If it is impossible to contact me and if it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I, the parent/legal guardian, the undersigned have read this release and understand all its terms. I execute this release voluntarily and with full knowledge of its significance. I have executed this release on this date indicated next to my name. If needed please use back side.

⚠Please Indicate any medical concerns: medication(s) child is taking, swimming problems or other physical disabilities of which we should be made aware of: _____

We may be taking pictures of activities during any of our programs to use in our future publications. Please check if you would NOT allow use of these photos. **Do Not Allow the use of pictures**

SIGNATURE: _____ Date: _____

Health Insurance Company: _____ Policy Holder: _____