



TOWN OF HUDSON  
PARK COMMISSION  
**Division of Recreation**  
78 Main Street  
Hudson, MA 01749  
Tel: 978-568-9642  
Fax: 978-562-8508

**YOUTH REGISTRATION FORM**

Child's Name: \_\_\_\_\_ Male/Female \_\_\_\_\_

Address: \_\_\_\_\_ Town/City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ (as of Sept 2010) School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Summer Programs:**

\_\_\_\_\_ Swimming Lessons

\_\_\_\_\_ Tennis Lessons

\_\_\_\_\_ 3's Program

\_\_\_\_\_ 4's & 5's Program

\_\_\_\_\_ Playlot - Farley School

\_\_\_\_\_ Outdoor Activities - HHS

Sharpen Your Skills

Soar to Success

\_\_\_\_\_ Track

\_\_\_\_\_ Youth Golf Instruction

\_\_\_\_\_ SUMMER SPORTS CLINIC

Clinic/Other Programs (please indicate which programs) \_\_\_\_\_

**Winter Basketball:** \_\_\_\_\_ Recreation League \_\_\_\_\_ Traveling Team

**Winter Clinics:** \_\_\_\_\_ Youth Baseball \_\_\_\_\_ Youth Softball

Other Clinics: (please indicate which programs): \_\_\_\_\_

\*\*\*\*\*  
Please list any physical disabilities that would restrict participation in programs (i.e. tubes in ears, asthma, allergies to bee stings, medication being taken, etc):  
\_\_\_\_\_  
\_\_\_\_\_

I give permission for my child's picture to be taken for scrapbooks, newspaper articles, etc. \_\_\_\_\_ (initials of parent/guardian).

I understand the Rules and Regulations of each program, and/or the Code of Conduct that may be associated with a particular program \_\_\_\_\_ (initials of parent/guardian).

**\*\*PLEASE SEE REVERSE SIDE FOR PARENTAL CONSENT\*\***

**TOWN OF HUDSON/PARK COMMISSION/DIVISION OF RECREATION  
PARENTAL CONSENT AND RELEASE FORM**

I, the undersigned parent/ guardian of \_\_\_\_\_, a minor; do hereby consent to his/her participation in voluntary athletic or recreation programs of the Town of Hudson/Park Commission/Division of Recreation.

I also agree to forever release the Town of Hudson/Park Commission/Division of Recreation and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Hudson/Park Commission/Division of Recreation ("the Releasees") from any and all claims, rights of action and causes of action that may have arised in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town of Hudson/Park Commission/Division of Recreation voluntary athletic or recreation program.

I also promise, to indemnify, defend and hold harmless the Releasees against any and all legal claim and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Hudson/Park Commission/Division of Recreation voluntary athletic or recreation program.

I further affirm that I have read the Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town of Hudson/Park Commission/Division of Recreation athletic or recreation program with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town of Hudson athletic or recreation programs, from April 14, 2010 to April 30, 2011.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date