



# REGISTRATION FORM & INSURANCE REQUIREMENTS

## PARTICIPANT INFORMATION:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Plan: \_\_\_\_\_

Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

Name, Address & Phone of Father's Employer: \_\_\_\_\_

Name, Address & Phone of Mother's Employer: \_\_\_\_\_

Program(s) Registering for: \_\_\_\_\_

## PLEASE READ CAREFULLY

Marple Newtown Leisure Services insures all of its activities for public liability and property damage only. Registrants, participants and general public use is at one's own risk. Marple Newtown Joint Recreation Commission (aka, MN Leisure Services), Marple Township, Newtown Township, Marple Newtown School District, and any of their respective agents, will not be responsible for any medical bills received as a result of participation injury, in any of their programs, activities, or use of properties or facilities.

All registrants, or parents of minor children, are required to complete the above insurance information and certification before they will be accepted into a program and allowed to participate. All medical claims must be sent to your personal health plan provider. In addition, I agree that pictures/video taken during programs may be used for future promotional purposes (news releases, web site, etc.).

I have read the above requirements and fully understand its content, and hereby certify and agree to hold harmless, the parties of the Marple Newtown Joint Recreation Commission (aka, MN Leisure Services), for injuries sustained while participating in any of its activities and programs. In the absence of a participant, parent or guardian's signature below, payment of fees and/or participation in the program shall constitute acceptance of the conditions set forth in this release.

\_\_\_\_\_  
Signature of registrant or Signature of parent of a minor

**PLEASE RETURN ALL SIGNED FORMS TO COMPLETE REGISTRATION: AQUINLAN@MNSD.ORG**