



EJS Project Registration Form

TODAY'S DATE: ____ / ____ / ____

PARTICIPANT NAME: _____

HOME ADDRESS: _____ CITY: _____

HOME PHONE: _____ EMAIL ADDRESS: _____

BIRTHDATE: ____ / ____ / ____ SCHOOL: _____ GRADE: _____

PARENT'S NAME: _____ PHONE NUMBER: _____

EMERGENCY CONTACT: _____ RELATION TO PARTICIPANT: _____

EMERGENCY CONTACT PHONE: _____

Please list any medical conditions the participant may have:

Please list any medicine the participant may be on:

Please list any special needs the participant has that staff should be aware of:

Release of Liability

I, _____ declare that I am the parent/legal guardian of _____.

Recreational Opportunities for Persons with disabilities. Persons with disabilities are welcome to participate in any class or activity offered. If you have any special needs related to participating in an activity, please attach a note to your registration form. We will make reasonable efforts to accommodate your special needs. I hereby agree to hold the EJS Project, their employees, officers, and program and activity instructors harmless from all liability which may arise as a result of my participation in the above activities. In the event that the above named participant is a minor I hereby give my permission for his/her participation in the above listed activities and also agree to hold the EJS Project, their employees, officers, and program and activity instructors harmless from all liability which may arise from said minor's participation in such activities. I understand that the above named activities may involve risk or accidental injury and hereby voluntarily assume such risks, If the participant is a minor the parent or guardian must sign below.

Participant signature: _____

Parent/Guardian signature: _____

FOR STAFF USE ONLY

Date received _____

Signature _____