

____ Resident
____ Non- Resident

LAKE WILDWOOD WATER OTTERS
REGISTRATION 2013
(One Form per Child)

____ Boy
____ Girl

Name _____ Age on June 15th _____
Date of Birth _____

Street Address _____

Mailing Address (if different) _____

City _____ Home Phone _____

E-mail (REQUIRED for team communications) _____

Parent/Legal Guardian _____ Work Phone _____

Parent/Legal Guardian _____ Work Phone _____

In Case of Emergency Contact:

Name _____ Relationship _____

Phone # _____

Physician _____ Phone# _____

Medical Insurance Carrier _____

Does your child have any health restrictions or medical concern? Yes _____ No _____

If Yes what: _____

Current Medication _____

Sponsor's Name (required for Non- Residents) _____

Sponsor's Signature _____

May we publish your name / email in the Water Otter Directory? Yes _____ No _____

To the Parent/Guardian of this Child: Your signature below indicates approval of the following: My child has permission to take part in the usual program activities and special events. If my child or ward is photographed while participating in a Lake Wildwood Program, the picture may be used for association purposes. I will take responsibility to see that my child is prepared for all activities, including having proper clothes and equipment and being in good health.

IN case of a medical or surgical emergency, after every reasonable effort has been made to contact me or the family physician, I hereby give my permission to the physician secured by the adult in charge of the activities to hospitalize, secure treatment for and to order injections, anesthesia or surgery for my child. In the event any such treatment is not covered by insurance applicable to the activities, I will pay the expenses incurred in such emergency treatment.

"I the undersigned, agree to indemnify and hold harmless Lake Wildwood Association and any of their officers, clients, agents or employees from any liability or claim or action for damages from or in any way arising out of the participation in this program by the person registered."

____ Date _____
Signature (Participant or parent must be 18 or over to sign registration form.)