

**TOWN OF HUNTINGTON**  
**REGISTRATION FOR SOCIAL PROGRAM WITHOUT WALLS**

**NAME** \_\_\_\_\_ **Date** \_\_\_\_\_  
                    Last                                      First                                      M.I.

**ADDRESS** \_\_\_\_\_  
                    Street                                      Town                                      Zip

**HOME TELEPHONE #** \_\_\_\_\_ **CELL #** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **AGE** \_\_\_\_\_ **SEX** \_\_\_\_\_

**HEIGHT** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_ **EYE COLOR** \_\_\_\_\_

**NAME OF PARENT/GUARDIAN/OR OTHER EMERGENCY CONTACT & PHONE #:**

\_\_\_\_\_

**GENERAL INFORMATION**

Employer/Job/Other Program \_\_\_\_\_  
Memberships \_\_\_\_\_

Please indicate disability \_\_\_\_\_

\_\_\_\_\_

**MEDICAL INFORMATION**

Medication     Yes     No                      Type \_\_\_\_\_

Will medication be administered during program meetings?                       Yes     No

Seizures         Yes     No    Type \_\_\_\_\_

Allergies        Yes     No    Type \_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone # \_\_\_\_\_

**WAIVER FOR PARTICIPANT:** In consideration of your accepting this registration, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages, I or my child may have against the Parks and Recreation Department, Town of Huntington and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

Signature \_\_\_\_\_ Date \_\_\_\_\_

-----

**FOR OFFICE USE ONLY**

**Recreation ID card #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Registration Fee Amount Paid** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Received By** \_\_\_\_\_ **Date** \_\_\_\_\_