



**CUMBERLAND  
RECREATION PROGRAM  
REGISTRATION FORM**  
4097 Diamond Hill Rd.  
Cumberland, RI 02864  
401-955-7188

PARTICIPANT(S) INFORMATION					
FIRST NAME		LAST NAME	DATE OF BIRTH	CLASS/PROGRAM/TIME	FEE:

  

PARENT/GUARDIAN/ADULT PARTICIPANT INFORMATION		
FIRST NAME:	MI	LAST NAME:
STREET ADDRESS:	CITY:	STATE/ZIP CODE:
EMAIL ADDRESS:	CELL PHONE:	HOME PHONE:

  

GENERAL/MEDICAL INFORMATION
List any medical problems/allergies that staff/coaches should be made aware of:

  

RELEASE FROM LIABILITY
In consideration of the acceptance of the application for entry into the classes or activities listed above, I hereby waive, release and discharge any and all claims for damages, death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in said classes or activities. This release is intended to discharge in advance the Town of Cumberland, the Cumberland Town Council, the Cumberland Recreation Department, their agents, representatives, employees and assigns from and against any and all liability arising out of or connected with my participation in said classes or activities. I have read the description of each class or activity for which I have registered and I am aware that these classes or activities subject me to physical risks and dangers. Nevertheless, I voluntarily agree to assume any and all risks of injury or death, and to release discharge and hold harmless all of the entities or persons mentioned above. It is understood and agreed that this waiver, release and assumption of risk is binding on my heirs, personal representatives, next of kin, spouse and assigns.

  

CANCELLATIONS
In the event of inclement weather, classes may be cancelled. Individual class participants will not be contacted. Please refer to our facebook page or call for updates at 401-955-7188 during office hours. Please note that every effort will be made to make up the cancelled class, but cannot be guaranteed.

\_\_\_\_\_  
Signature of parent/guardian/adult participant

\_\_\_\_\_  
Date

Parent or guardian must sign for youth 18 and under. Signature indicates registrant agrees with all registration and refund policies. Registration is not complete without signature. Please make all checks payable to Cumberland Recreation Department (unless otherwise noted in program/class description)

Office Use only

PAID    Cash    ☐    Check # \_\_\_\_\_    Total \$ \_\_\_\_\_