

ISLAND RECREATION ASSOCIATION
 SHARE SENIOR CENTER
 681-7273 / 785-6444/Fax: 681-3754
 www.islandrecreation.org

PARTICIPANT: _____
 MAILING ADDRESS: _____ ZIP: _____

Home Phone:	Business Phone:	Date of Birth:	Age: *	Sex: (circle one)	Grade:
				Male Female	

EMAIL ADDRESS: _____
 PARENT/GUARDIAN (PLEASE PRINT): _____
 EMERGENCY CONTACT (other than parents): _____

HOME #: _____ BUS #: _____

PROGRAM:	SESSION:	DATE:	DAY(S):	TIME(S):	FEE:

WAIVER FOR PARTICIPANT:

In consideration of your accepting me/my child's 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 Hilton Head Island Recreation Association, including all representatives who are in any way connected with this event/program. Further, in the event of any injury, I do hereby give my permission and consent to authorize such First Aid and/or Medical and/or Hospital care or treatment as deemed appropriate. In addition, I am fully aware of the provisions covered by the fee for this event/trip/program and I understand that if any emergency arises, any and all additional expenses incurred must be borne or assumed by the participant. The Island Recreation Association has my permission to take photographs of my child or myself while using the Island Recreation Center or participating in any Island Recreation Association programs, special events and activities. I understand that these photographs may be used for Island Recreation Association advertising through and not limited to brochures, flyers or newspaper articles. I have full and complete legal authority to sign on behalf of myself and child(ren).

Signature: Participant/Parent/Guardian: _____

Received by: _____ Amount Paid: _____ (cash or check) Date: _____

Check/Credit Card #: _____ Exp. Date: _____ V-code _____ MC VISA