

***Sponsored by: Edgewater Alliance to Prevent Drug and Alcohol Abuse***

**Registration Form for Edgewater Alliance Activity**

**Activity Name** \_\_\_\_\_

**Participant Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Cellular#** \_\_\_\_\_

**Emergency #** \_\_\_\_\_

**Allergies or Medical Condition that we need to be aware of**

**Yes**  **No, if yes, please explain**

**PARENT/GUARDIAN CONSENT & RELEASE (MUST BE COMPLETED)  
PRINT CLEARLY**

I am the parent/Guardian of \_\_\_\_\_ (Participant)

I hereby give permission for participation in the Edgewater Alliance to Prevent Drug & Alcohol Abuse \_\_\_\_\_ program held on \_\_\_\_\_

INSERT NAME OF PROGRAM

DATE

**RELEASE OF LIABILITY**

For and in consideration of the participation of the participant in Edgewater Alliance to Prevent Drug & Alcohol Abuse program(s), I hereby release and hold harmless the Edgewater Alliance to Prevent Drug & Alcohol Abuse, The Borough of Edgewater, their officers, employees, volunteers, or agents, and any medical personnel they select, from any and all liability or damages, including accidental injury or illness which may occur during the Participant's attendance at The Edgewater Alliance to Prevent Drug & Alcohol Abuse programming".

**PLEASE PRINT CLEARLY**

**Name of Parent/Guardian** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_ **Emergency #** \_\_\_\_\_

**Alliance USE ONLY**

Check \_\_\_\_\_

Date \_\_\_\_\_

Cash \_\_\_\_\_

At Risk \_\_\_\_\_