



CHICOPEE PARKS AND RECREATION DEPARTMENT OPEE SUMMER ADVENTURES REGISTRATION FORM



Please complete this form and return it (along with the health forms) to the Chicopee Parks and Recreation Department at 687 Front Street, Chicopee, MA 01013. This information is for OPEE Staff only.

Child Information

Child's Name: _____ D.O.B. _____
 Home Address: _____ Age: _____
 City: _____ State: _____ Zip Code: _____
 Home Telephone: _____ Gender: _____

Special Limitations or Concerns (please check which apply and explain if needed) *Please do not leave blank*

	Yes	No	
Dietary Restrictions:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Special Needs:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chronic Health Conditions:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Behavioral Issues:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any other important information:	_____		

Parent/Guardian Information:

Parent/Guardian Name: _____
 Email Address: _____ Relationship to Child: _____
 Home Telephone: _____ Cell Phone: _____
 Work Phone: _____ Place of Employment _____

Parent/Guardian Name: _____
 Email Address: _____ Relationship to Child: _____
 Home Telephone: _____ Cell Phone: _____
 Work Phone: _____ Place of Employment _____

*** Please note that all information is kept confidential *****

Child Pick-Up/Emergency Contact Information - Must be someone other than parent

Name: _____

Email Address: _____ Relationship to Child: _____

Home Telephone: _____ Cell Phone: _____

Work Phone: _____

Name: _____

Email Address: _____ Relationship to Child: _____

Home Telephone: _____ Cell Phone: _____

Work Phone: _____

Children will only be released to those listed above on this list. If there is a special situation that no one listed above is picking up a child, the director of the program must be notified and a note must be provided.

PLEASE READ THE FOLLOWING CAREFULLY:

MEDIA RELEASE: I hereby give permission without restriction to the City of Chicopee and its assignees to photograph or videotape my child during participation in Chicopee Parks & Recreation Department programs/activities for promotional purposes on the City of Chicopee/other web-sites or in printed materials. _____ Initial _____ Yes _____ No

SUNSCREEN CONSENT: I hereby give permission without restriction to the City of Chicopee and its assignees to assist my child, if necessary, to reapply sunscreen during participation in Chicopee Parks & Recreation Department programs/activities. _____ Initial _____ Yes _____ No

HAND SANITIZER CONSENT: I hereby give permission without restriction to the City of Chicopee and its assignees to apply hand sanitizer (contains alcohol) on my child, when soap and water are not readily available, during participation in Chicopee Parks & Recreation Department programs/activities _____ Initial _____ Yes _____ No

WAIVER: I, the undersigned parent and/or guardian of _____, a minor, on the date of _____, do hereby consent to my child's participation in voluntary recreational programs of the City of Chicopee. As a participant or parent and/or guardian of a participant, in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any and all injuries, including death, damages or loss for which I or my minor/ward may sustain as a result of participating in any and all activities connected with or associated with this program.

I do hereby fully release, discharge and agree to identify and hold harmless and defend the City of Chicopee, the Chicopee Parks and Recreation Department, its officers, agents, servants and employees from any and all claims from injuries, including death, damages or loss sustained by me or my minor child/ward may sustain, arising out of, connected with as a result of participating in this activity or program.

I HAVE READ AND FULLY UNDERSTAND THE PROGRAM DETAILS AND WAIVER RELEASE OF ALL CLAIMS

I HAVE ACQUIRED, READ AND FULLY UNDERSTAND THE INFORMATION IN THE PARENT MANUAL

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

OPEE WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19
ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in the City of Chicopee programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. In addition to general risks of participation, the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. City of Chicopee Parks Department seeks to limit the spread of COVID-19 by requiring that participants stay home if they: 1) are sick, 2) are feeling any symptoms of COVID-19 as identified by the CDC (such as cough, shortness of breath or difficulty breathing, fever, chills, or new loss of taste or smell), 3) have a fever of 100°F or above, 4) are suspected of having COVID-19 or 5) had recent exposure to someone with a suspected or confirmed case of COVID-19. By signing below, I acknowledge that I will abide with these requirements to self-monitor and will take my temperature and my child(ren)'s temperature prior to participation. On behalf of myself and my family - we agree to adhere to all state, local, and other guidelines in place designed to keep people safe. I understand that the City of Chicopee Parks Department is not monitoring whether I or other participants comply with this requirement.

5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the City of Chicopee, City of Chicopee Parks Department, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITSTERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY ANDVOLUNTARILY WITHOUT ANY INDUCEMENT.

Printed Name of parent/guardian: _____

Parent guardian/signature: _____ Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Printed Name of parent/guardian: _____

Parent guardian/signature: _____ Date signed: _____