



## 2010 Keyes Pool Membership Agreement

As part of your registration with the Boys and Girls Club of Souhegan Valley, your child will gain access to Keyes Memorial Pool in Milford for open swim throughout the day while attending camp. Please sign the following Pool Membership Agreement to allow your child to safely enjoy access to the Keyes Pool facility during their scheduled program hours with Boys and Girls Club (**this does not give access to Keyes Pool outside of the Boys and Girls Club program**).

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### **PERMISSION, EMERGENCY TREATMENT & WAIVER AGREEMENT:**

#### **PLEASE READ AND SIGN BELOW:**

**I AM AWARE OF** the hazards of the activity/sport and the risk of injury in this athletic program. I certify that I am in good physical condition and am able to safely participate in this physical activity/sport.

**I ASSUME** all risks and hazards incidental to such participation, including transportation to and from activities, and do hereby waive, release, indemnify and agree to hold harmless the Town Recreation Department, volunteers and staff, team or league sponsors from all liability for any and all loss or damage, and any claim arising out of injury to myself or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

**I HEREBY GIVE MY PERMISSION** for my son/daughter to participate in open swim activities at Milford Keyes Pool. I am aware of the hazards of the activity/sport and the risk of injury in these athletic and active activities. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I do hereby waive, release indemnify, and agree to hold harmless the said Town of Milford, its volunteers, staff and all sponsors for all liability for any and all loss or damage, and any claim arising out of injury to my son/daughter or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation. I authorize the MRD to reasonable use of any and all images and statements of/by/about the participant during any part of a MRD program for promotional purposes, including the internet.

**IN CASE OF EMERGENCY**, I hereby give my permission to the program staff and medical personnel selected by the Recreation Dept and staff, to act as my agent to apply simple first aid when necessary, or in the event of a more serious accident, to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of myself or my child. **IN THE EVENT OF AN EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT GUARDIAN.**

**PLEASE LIST ALL MEDICAL CONCERNS** or instructions the staff should know regarding you and/or your child's health on a separate sheet (medications, allergies, behavior concerns, etc.)

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_