

EXCEL REGISTRATION FORM

Program : _____ Program Dates: _____

Child's Name: _____ Age: _____ Grade: _____ School: _____

Address: _____ E-Mail Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____

Emergency Contact: _____ Phone #: _____

Allergies or physical conditions to be aware of? Please explain: _____

Is An Epi Pen Required: YES or NO

Please indicate how your child will be picked up from the Excel program:

Parent Pick Up _____ or Walking: _____

T-Shirt Size: Please Circle **Youth Small Youth Medium Youth Large**
Adult Small Adult Medium Adult Large Adult XLarge

I authorize the program director and staff to act in an emergency requiring medical attention. I understand that I am responsible for all hospital, laboratory and doctor's fees. My child is physically fit to participate in vigorous physical activity and I further understand neither the Town of North Andover or North Andover School District will be held responsible for accidents or illness.

"By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, my child(ern), family members or guests may be exposed to or infected by COVID-19 by attending, participating in or volunteering in any of the programs offered by the Town of North Andover and the North Andover Public School District ("Town"), and such exposure or infection may result in personal injury, illness, permanent disability or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the program and on Town property may result from the actions, omission or negligence of myself and others including but not limited to, Town employees, officials, volunteers, program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to any person in my family or my close associates, including child(ern), family members or myself (including but not limited to, personal injury, disability, and death) illness, damage, loss, claim, liability, expense of any kind that I or my family member(s), child(ern) or employees may experience or incur in connection with my family member(s), child(ern) or my participation in Town programs, activities or use of Town facilities. On my behalf, and on behalf of my child(ern), and family members, I hereby release, covenant not to sue, discharge, and hold harmless the Town, including all liabilities, claims actions, damages, cost or expense of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions or negligence of the Town, its employees, officials, agents, and volunteers, whether the COVID-19 infection occurs before, during or after participating in the Town programs or activities or using the Town facilities."

Signature of Parent: _____ Date: _____

*Please make checks and money orders payable to: Town of North Andover
Cash will not be accepted. Registration is not considered complete until we receive payment in full. Participants should consider their registration accepted unless otherwise notified.

Total Amount Enclosed: \$ _____ Check #: _____

Community Programs
566 Main St.
North Andover, Ma. 01845