

RECREATION INSPIRATION EDUCATION

272 Main St. Townsend MA 01469

2022

VOLUNTEER REGISTRATION FORM

|  |  |
| --- | --- |
| Volunteer NAME- first & last | AGE if under 18 |
|  |  |

|  |  |
| --- | --- |
| GUARDIAN NAME/S:if applicable |  |
| ADDRESS: | PH: |
| EMAIL: | CELL: |
| EMERGENCY CONTACT: | EMERGENCY #: |

|  |  |
| --- | --- |
| ALLERGIES: | MEDICATIONS: |
|  |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, UNDERSTAND THAT I AM WORKING FOR Townsend Recreation on a volunteer basis, carrying no authority and under the supervision/ guidance of the Townsend Rec Director. I am willing to do assigned tasks according to the needs of the Rec Program and as directed by the Townsend Recreation Staff. I understand that my volunteer status is contingent on the best interests of the Townsend Rec Program as decided by the Townsend Recreation Committee and Director .

X:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director: Emy Hoff EMAIL: [ehoff@townsendma.gov](mailto:ehoff@townsendma.gov) [www.townsendma.gov](http://www.townsendma.gov)

This program is offered by the Town of Townsend Recreation Commission to all Townsend, Ashby and surrounding community residents and their children. By signing your name hereunder, you hereby release the Town of Townsend, its agents, officials, and employees from any and all liabilities, damages, and causes of action which may arise from your/son(s)/daughter(s) participation in this program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Guardian) Signature Date

Medical Transportation/Treatment Release

By signing my name hereunder, I give permission for myself/ son(s)/daughter(s) to be transported and/or treated by medical professionals in the case of a medical emergency. I release the Town of Townsend, its agents, officials and employees from any and all liabilities,damages and causes of action which may arise.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Guardian) Signature Date

Media Release

I/we give the Town of Townsend Recreation Department permission to utilize/submit Participant’s name/picture/video for promotional & informational purposes.

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(Guardian) Signature Date