



## REGISTRATION FORM

### HUDSON PARKS & RECREATION

**Telephone:** 450 458-6699    **Fax:** 450 458-7764

[www.ville.hudson.qc.ca](http://www.ville.hudson.qc.ca)    Email: hudsonrec@ville.hudson.qc.ca

Family Name: \_\_\_\_\_ Tel.: (home) \_\_\_\_\_

Address: \_\_\_\_\_ Tel.: (office) Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_

City: \_\_\_\_\_ Tel.: (cell.) Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-mail: Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_

FULL NAME	DATE OF BIRTH <i>Year-Month-Day</i>	FULL NAME OF ACTIVITY	MEDICARE CARD	MEDICAL / ALLERGIES	FEE

**Please make your cheque payable to the *Town of Hudson*.**

#### PARTICIPANT'S WAIVER

I, the applicant, in registering for this activity, acknowledge that I am familiar with the specific activity and all of the inherent risks.

I hereby agree for myself or as the parent/guardian of the participant, to hold harmless and free of liability, the Town of Hudson employees and any other individual(s) appointed or volunteering to assist with the activity, for any damage – material or personal – suffered by me or my charge during any activity.

Acknowledgement of Activity Waiver - Signature: \_\_\_\_\_ Date: \_\_\_\_\_



#### Waiver For Use of Photographs Taken During Activities



I, authorize the Parks & Recreation Department to take photographs during programs and activities which I have registered for or attend. I understand that these pictures may be used for future promotional purposes, without any compensation.

Signature: \_\_\_\_\_