

REGISTRATION FORM

Don Allen Wildwood Sports Day
Saturday, May 16, 2026, 9:00 am to 2:00 pm

Please do not mail in this form; bring it with you on May 16, 2026

PARTICIPANT'S NAME (please print) _____

RESIDENTIAL ADDRESS _____ OR GROUP HOME NAME _____

CITY _____ STATE _____ ZIP _____ EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

AGE _____ BIRTHDATE _____ GENDER? _____ MALE _____ FEMALE

DISABILITY (optional) _____

AGREEMENT

I, the undersigned for myself (or the parent/guardian of the above named person) give permission for the person named above to participate in the Don Allen Wildwood Sports Day (hereinafter "Sports Day") activities. I am aware that participating in any of these activities can involve risks of injury. I assume all risk(s) associated with participation in these activities, and will not hold the Sports Day organization, its officials, or volunteers liable. I authorize Sports Day officials to administer and/or obtain medical treatment for the above named person in the event that a parent or guardian cannot be reached. I also give permission for any photographs of the above named person may be used in the promotion of the Sports Day event.

CERTIFICATION BY PERSON, PARENT/GUARDIAN, OR CAREGIVER

This is to certify that I for MYSELF (or PARENT/GUARDIAN; or CAREGIVER) do consent and agree to release and hold harmless Sports Day, its officials, or volunteers from any and all liabilities related to the above named person's involvement or participation in the Sports Day activities, EVEN IF ARISING FROM THEIR NEGLIGENCE.

*****FOR REGISTRATION STAFF ONLY*****

WRIST BAND COLOR: _____ Red _____ Blue

Registered on this form _____