HARRINGTON
RECREATION
DEPARTMENT

www.hprnews.com
114 East Liberty Street
Harrington, DE 19952
398-7975

FOR OFFICE USE ONLY
Paid
Date_____
Amount_____
Cash_____
Check Number _____
Initials _____

Holiday Helpers Night Registration Form

Participant First Name_____ Last Name_____ DOB_____AGE____

Parent/Guardian First Name_____ Last Name_____ Relationship_____

Email Address_____ Phone Number_____

Address_____ City_____ State_____ Zip_____

Medical Information: Please list below any medical conditions and/or allergies.

_____

Emergency Contact Information: In the event of an emergency, this is who we will contact first.

Full Name_____Relationship_____Phone_____

_____

PHOTO ID REQUIRED AT DROP-OFF & PICKUP. Children will only be released to authorized individuals listed on their registration form. Please understand that this is for the safety of your child and others. SEE THE MANDATORY PHOTO ID & CHILD RELEASE POLICY BELOW.
Authorized Drop-Off and Pick-Up:

Information	Authorized Adult #1	Authorized Adult #2
Full name as shown on ID		
Relationship to child		
Phone Number		

If there is another adult that you would like to include, please note that on form or in the email!

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MANDATORY PHOTO ID & CHILD RELEASE POLICY

For the safety and security of all participants, a valid government-issued photo ID is required at both drop-off and pickup. Children may only be dropped off or picked up by individuals listed as authorized for that purpose on their registration form. Staff will verify the individual's identity and record their driver's license or government-issued identification number for security and documentation purposes. This information will be maintained securely in accordance with applicable City of Harrington policies and laws. The name and photograph on the presented ID must match the authorized individual's information and identity. Children will not be released to anyone who is not listed as an authorized pickup person or who cannot provide acceptable photo identification, even if the child recognizes the individual. All children must be picked up no later than 9:00 PM. Parents and legal guardians are responsible for ensuring timely pickup. In the event of an emergency or unexpected delay, parents or legal guardians must notify Harrington Parks and Recreation staff immediately by calling 302-398-7975 and arrange for an authorized individual to pick up their child. Parents and legal guardians must remain reachable by phone throughout the duration of the event. If a child is not picked up by 9:00 PM and staff are unable to reach the parent, legal guardian, or designated emergency contacts, staff may contact the appropriate authorities to ensure the child's continued safety and well-being. Any changes to authorized pickup individuals must be approved and verified by Harrington Parks and Recreation staff through the registered parent or legal guardian. **By signing this form, I acknowledge and agree to comply with this policy.**

Consent and Liability Waiver-Release of all claims (must be signed to participate)

I, _____ (**parent/guardian**), am the parent or legal guardian of _____ (**minor child**). As lawful consideration for my minor child being permitted to participate in the Harrington Recreation Department sports program, camp, or any other activity at or through the Harrington Recreation Department facilities. I agree that neither my minor child nor I will make a claim against, sue, attach the property of or prosecute the Harrington Recreation Department, and their affiliates, sponsors, building contractors, suppliers, and employees for damages for death, personal injury or property damage which my minor child may sustain s a result of my child's participation in these sporting activities. This release is intended to discharge in advance the Harrington Recreation Department, and their affiliates, sponsors, building contractors, suppliers, and employees from and against any and all liability, including for negligent actions arising out of or connected in any way with my minor child's participation in the sports program, camp, clinic or any other activity except for liability that may arise out of the willful or wanton misconduct of the Harrington Recreation Department, and their affiliates, sponsors, and employees. I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEROF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELESE AND HOLD HARMLESS THE HARRINGTON RECREATION DEPARTMENT AND THEIR AFFILIATES, SPONSORS, AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MONOR CHILD (0R OUR HEIRS OR ASSIGNS) FOR DAMAGES. I attest that I am eighteen (18) years of age or older, and that my child is physically fit and has no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines, regulations, the conduct of the program, camp or clinic. I understand and agree that my child and I are responsible for the mechanical and/or operating condition of any and all sporting equipment provided by my child or by me for my child's use, and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from the Harrington Recreation Department, their affiliates, sponsors, and/or employees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND THE HARRINGTON RECREATION DEPARTMENT, AND THEIR AFFILIATES, SPONSORS, AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I also agree that the Harrington Recreation Department, and their affiliates, sponsors, and employees may use my child's photograph in future promotions.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Cost: $20.00 , $5 off 2ND Child , $10 off 3rd child *Fee Non-Refundable

****EACH CHILD MUST HAVE A SIGNED INDIVDUAL WAIVER FORM****