

GYM BUDDIES
Registration and Medical Release 2025-2026

Participants Name: _____ Age: _____

Address: _____

Parent / Guardian Name: _____

PARENT / GUARDIAN HOME EMAIL : _____

Parent / Guardian Home Phone: _____ Cell # _____

Can your child be photographed for publicity purposes: Yes____ No____

Emergency Name: _____

Emergency Phone: _____

Please let us know if your child has any medical or non-medical problems or needs such as medications, restricted diet, or conditions that require special attention during our activities. (This section must be filled out and completed).

I hereby give consent for the physicians at Milton Hospital to carry out any accepted emergency procedures for diagnosis and minor surgical treatment in case of an emergency to my son/daughter, with the understanding that every effort will be made to contact me in such a circumstance. I will not hold Milton High School or Milton Park and Recreation Department responsible for any such accident.

Signature: _____ Date: _____

Relationship to Participant: _____

Please Remit this form to: Parks and Recreation Dept. 525 Canton Ave Milton, MA
02186
Or scan to bdevore@miltonma.gov