

Registration Form



Team TADD West
(Teens Against Drinking and Drugs)
Meets every Wednesday from 6:30- 8:00 at the West Medford Community Center
Youth between the ages of 11- 18 work together to bring community awareness about the alcohol and drugs to Medford. We look for fun activities to do in Medford that are safe and drug and alcohol free.

The Amazing Race in Medford Square

April 21st from 11-2

- Start and Finish Line is at City Hall, Council Chambers, 85 George P. Hasset Drive
- Check in begins at 10:30 and winners ceremony will end at 3:00pm
- Entrance fee is a \$5 donation to Team TADD West
- Youth will be in teams of two, if they don't sign up as a team we will put them in teams together the day of the event.

We are hosting this event to give the youth of Medford something fun to do during April Vacation.

Please call Penny Bruce if you have questions:
781-393-2560 or pbruce@medford.org

Personal Information:

Name:
Address:
City: State: Zip:
Phone:
Email: Date of birth:

Emergency Contact : Relationship:
Day Phone: Evening Phone:

Parent/Guardian : Relationship:
Day Phone: Evening Phone:

Over 

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Type of Participant:

Volunteer: Help to administer the Amazing Race receive community service

Racer: Enter to win a prize and pay a \$5 donation to Team T.A.D.D.

Partners Name: _____

(partner must have Registration form complete to participate)

Parental Consent & Parent/Guardian Release Form

I, the undersigned of my child, a minor, do hereby consent to my child's participation in voluntary programs of the Greater Lawrence Family Health Centers Northeast Center for Healthy Communities in partnership with Medford Health Matters.

On behalf of myself and my child, I also agree to forever release the Greater Lawrence Family Health Center and all of their employees, agents, officials, board members, volunteers and also any and all individuals and organizations assisting or participating in programs of the Northeast Center for Healthy Communities in partnership with Medford Health Matters (the "Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Greater Lawrence Family Health Center's voluntary programs and the Northeast Center for Healthy Communities in partnership with Medford Health Matters.

On behalf of myself and my child, I also promise, to indemnify, defend and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, arising directly or indirectly from my child's participation in the Greater Lawrence Family Health Center's voluntary programs in its Northeast Center for Healthy Communities in partnership with Medford Health Matters.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in these programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage which my child may suffer in these programs.

If I cannot be reached in a medical emergency, I consent to my child's treatment by a medical doctor and agree to pay all costs associated with said treatment, including transportation to a medical facility.

Participants Signature: _____ **Date:** _____

Parent/Guardians Signature: _____ **Date:** _____
(if participant under 18 years of age)