

GENERAL REGISTRATION FORM

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- 1 MAIL OR WALK-IN this registration to: Middletown Parks & Recreation, 100 Riverview Center-Suite 140, Middletown, CT 06457
- 2 Use a separate form and send a separate check for each participant. One envelope per family! (Signature required on each form)
- 3 REQUIRED FOR REGISTRATION: One proof of residency must be provided with completed registration form: copy of driver's license, real estate tax bill, or utility bill with name & address (P.O. Box addresses not accepted)

PARTICIPANT:

New Address? _____

Name: _____
First MI Last

DOB: ____/____/____ Grade: ____ Age: ____ Sex: ____

Street Address: _____

City/Town _____ Zip _____

Phone: H _____ W _____

Email: _____

Parent/Legal Guardian (participant under 18):

Name: _____
First MI Last

Relationship: _____

Street Address: _____

City/Town _____ Zip _____

Phone: H _____ W _____

Email: _____

Emergency Contact:

Name: _____
First MI Last

Relationship: _____

Street Address: _____

City/Town _____ Zip _____

Phone: H _____ W _____

Email: _____

MEDICAL RELEASE/PARENTAL PERMISSION:

In order to participate in Parks & Recreation Department Programs, I understand and agree that recreation programs can be physically demanding, but I have the physical ability needed to participate. In the event photos are taken I hereby give permission for the Recreation Dept to use said photos in promotional literature, including but not limited to, brochures and flyers. In the event of an emergency and the parent/guardian/emergency contact person cannot be reached, I hereby give permission to be transported to the Middlesex Hospital or any nearby medical facility. It is hereby understood and agreed that I shall assume full financial responsibility for any costs over and above that which is not covered by my health insurance. To the fullest extent permitted by law, I agree to indemnify and hold harmless the City of Middletown and its employees from any injuries or damages caused by or resulting from participation in this program. A photostatic copy of this waiver form with my signature shall be considered as valid as the original.

PARENTAL PERMISSION (If under 18 years):

I hereby give permission for my child to participate in Middletown Parks and Recreation Department Programs. I understand the programs are physically demanding, but I feel my child has the ability needed to participate. I hereby agree to the conditions seen above.

REFUND POLICY:

I understand and agree that no refunds will be given after the program starts or for circumstances beyond the control of the Parks & Recreation Department (e.g. weather, equipment failure).

Signature (required)

X _____

Date _____

Program Number	Section Number	PROGRAM NAME/DAY/TIME	FEE
TOTAL FEE \$			

Office use only: Date processed _____ Staff initials _____ \$ rcvd _____ ck# _____