

REGISTRATION FORM

FOR CLASSES, CLINICS, LESSONS & TRIPS

203-315-6017

MAKE CHECKS PAYABLE TO:
TOWN OF NORTH BRANFORD
MAIL TO: North Branford Parks and Recreation Department,
P. O. Box 287, North Branford, CT 06471

THIS FORM MAY BE DUPLICATED FOR ADDITIONAL REGISTRATIONS

ADULT NAME (Of person completing this form): _____

Home # _____ Work # _____ Cell # _____ EMAIL: _____

ADDRESS: _____ City _____ Zip _____

In case of emergency call _____ Phone _____
 (Other than spouse/parent/guardian, i.e., friend, neighbor, grandparent)

Participant Name <i>(Including name above if participating)</i>	DOB	Grade	Male\Female	Program/Trip <i>(Please note there are no refunds)</i>	Fee

Allergies/Medications/Other Information (Please specify):

Non-resident Fee \$5/program per person	
\$5 Community Center Campaign <i>Please see page 8</i>	
TOTAL FEE:	

T-SHIRT (If applicable) CIRCLE ONE: YS YM YL AS AM

RELEASE OF LIABILITY:

I waive all rights and release all claims that might be had against the Town of North Branford, it's hired or contracted instructors, their employees and agents, for any and all injuries or losses which may be suffered because of my participation or my child's or my children's participation in the above activity offered by the Town of North Branford, in consideration of permission of the district to participate in the activity. I consent to my child's participation in the above activity, and authorize the district and its employees or agents to provide emergency medical treatment for my child on my behalf. I give permission to have my photo or the photo of my child or children taken during classes, used for publicity purposes of the North Branford Parks & Recreation Department. I understand the North Branford Parks & Recreation Department will not be held responsible for injuries as a result of participation in any of the programs. I also understand that I must carry accident and liability insurance for my child.

Signature of Participant (18 years or older): _____

Signature of Parent/Legal Guardian: _____ **Date:** _____

For Office Use Only: Date: _____ Cash: _____ Check #: _____ Initials: _____