

MAIL OR BRING REGISTRATION FORM AND PAYMENT TO:

Town of Barkhamsted-Recreation Department

Family/YOUTH REGISTRATION

Amt. \$ _____
Chk # _____ Cash _____
Initials/Date: _____

Parent is responsible for transportation. You can list more than one family member on the form below.

Participants Name	Grade	Birth Date (only needed for children)	Program Name and Class Name	Program Dates	Fee
					\$
					\$
					\$
					\$
TOTALS					\$

Mother: _____ **Work Phone:** _____ **Cell Phone:** _____

Father: _____ **Work Phone:** _____ **Cell Phone:** _____

Street & Mailing Address: _____ **Home Phone:** _____

Email Address: (Please print neatly): _____

Emergency Contact Name: _____ **Phone:** _____

Doctor's Name: _____ **Phone:** _____

- Does your child require an epi-pen? (Child's Name) _____ Yes _____ No _____
- We adhere to a policy of "no drugs allowed" at any of our programs, except for life threatening conditions. Call the Department for further forms to be completed and any questions regarding this policy.

List any medical problems, allergies, or special assistance that your child needs: (Child's name) _____

In the event of an emergency requiring medical attention. I understand that a reasonable effort will be made to contact me to obtain authorization before treatment or hospitalization is rendered. However, if I am unavailable, I grant permission to a physician or other hospital personnel to attend to my daughter/son.

I GIVE MY SON/DAUGHTER/SELF PERMISSION TO PARTICIPATE IN THE BARKHAMSTED PARKS AND RECREATION DEPARTMENT PROGRAM. TO THE FULLEST EXTENT PERMITTED BY LAW I AGREE TO INDEMNIFY, RELEASE AND HOLD HARMLESS THE TOWN OF BARKHAMSTED RECREATION DEPARTMENT AND ITS EMPLOYEES, VOLUNTEERS, AGENTS, CONTRACTORS FROM ANY AND ALL CLAIMS, SUITS, ACTIONS, INJURIES OR DAMAGES OF ANY KIND CAUSED BY OR RESULTING FROM PARTICIPATION IN BARKHAMSTED PARKS & RECREATION DEPARTMENT PROGRAM. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE.

PARENT OR GUARDIAN/Adult Participant SIGNATURE

DATE

Check box if you would like a receipt mailed to you. PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE.