

REGISTRATION FORM

FOR CLASSES, CLINICS, LESSONS & TRIPS
203-484-6017 • www.nbrecreation.com

MAKE CHECKS PAYABLE TO: **TOWN OF NORTH BRANFORD**
MAIL TO: North Branford Parks & Recreation Department,
1332 Middletown Avenue, Northford, CT 06472



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	Male/ Female	PROGRAM/TRIP	FEE
<div style="border: 1px dashed black; padding: 5px;"> T-SHIRT (If applicable) CIRCLE ONE: YS YM YL AS AM </div>			Non-Resident Fee - \$5.00 Per program, per person	
			Send a Child to Camp Scholarship \$10	
			TOTAL FEE	

Allergies/Medications/Other Information (Please specify): _____

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): _____ **Date:** _____

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

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