

LAST NAME

**NEWTOWN PARKS & RECREATION
PROGRAM REGISTRATION FORM**

Town Hall South, 3 Main Street
Newtown, CT 06470

<p><u>Household Contact/Parent/Guardian #1</u></p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone _____</p> <p>Work Phone _____</p> <p>Cell Phone _____</p> <p>Email Address _____</p>	<p><u>Household Contact/ Parent/Guardian #2</u></p> <p>Name _____</p> <p>Address _____ (Address Only fill out if different than #1)</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone _____</p> <p>Work Phone _____</p> <p>Cell Phone _____</p> <p>Email Address _____</p>
---	---

Emergency Contact(other than parent/guardian)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

PARTICIPANT REGISTRATION								Youth Programs Only	
Activity #	Activity Name	Last Name(if different)	First Name	Age	Gr	Date of Birth	Sex	Fee	
MAKE CHECKS PAYABLE TO NEWTOWN PARKS AND RECREATION							PARK GIFT FUND		
							TOTAL		

List any specific health problems, allergies or medications _____

Comments _____

We will be happy to give refunds or credits minus a \$5.00 administration fees if notification is received one (1) week prior to the start of the program

WAIVER OF TOWN LIABILITY
I, undersigned, assume all risks and hazards incidental to such participation in the above mentioned Newtown Parks & Recreation Department activity; and I hereby, waive, release, absolve indemnity, and agree to hold harmless the Newtown Parks and Recreation Department and the program instructors, organizers, sponsors, etc. for any claim arising out of injury to myself/child. Participation is at my/my child's own risk. There is no medical coverage.

Parent/Guardian/Self Signature _____ Date _____