

# Trumbull Parks and Recreation Program Registration Form

NAME OF PARTICIPANT(S)	DATE OF BIRTH	M/F	SCHOOL	GRADE IN SEPT. 18

## Contact Information for Participant or Parent/Guardian if participant is under age 18

Primary Last Name, First Name:		DATE OF BIRTH:
Trumbull Street Address:		
Home Phone:	Cell Phone:	
Email Address:		
Secondary Last Name, First Name:		DATE OF BIRTH:
Home Phone:	Cell Phone:	

## Emergency Contact

Contact Name:	
Relationship to participant:	Phone No:

## ACTIVITY REGISTRATION INFORMATION

Program Name	Program Dates	Program Fee	Alternate Session

TOTAL PAYMENT DUE: \_\_\_\_\_ Form of Payment (Please Circle One): Cash / Check / Credit Card  
We accept: VISA, MC, or DISCOVER

If the participant is an individual who has special needs requiring accommodation or information that will be helpful to the instructor/leader, please check the box. You will be asked to fill out an additional **Accommodation Form** and a staff member may contact you.

Please list any allergies, medications or special health considerations we should be aware of:

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**Waiver of Participant by parent or self:** In consideration of your accepting my or my child's registration and entry, I hereby for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Town of Trumbull or the Parks and Recreation Department; and its representatives, successors and assigns, for any and all injuries suffered by myself or my child at the activity sponsored by these groups. I understand there is inherent risk associated with the(se) activity(ies) and authorize emergency medical treatment and transportation in my absence. **PHOTO RELEASE: THE TRUMBULL PARKS AND RECREATION DEPARTMENT MAY VIDEOTAPE OR TAKE PHOTOGRAPHS OF PARTICIPANTS ENROLLED IN RECREATION ACTIVITIES, CLASSES OR PROGRAMS. THESE PHOTOS AND/OR VIDEOTAPES MAY BE USED FOR PROMOTIONAL PURPOSES.** If any of the above participants are minors, I certify by my signature that I am the custodial parent or guardian; or I have the expressed authorization of the custodial parent, or guardian to enroll said participant(s) in the specified activities listed.

**Town of Trumbull Parks and Recreation Department Refund Policy:**

- Refund will be issued up to 30 days prior to program begin date less \$20.00 administrative fee.
- Refunds within 30 days of program start date only if space can be filled by applicant on wait list, less \$20.00 administrative fee.
- Refunds will be issued for medical reasons up to the program start date (physicians note may be required). No prorated refunds will be issued once program begins.
- Full refund will be issued for any program canceled by the Parks and Recreation Department.

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN OR ADULT PARTICIPANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**Print Name**