

Trumbull Parks and Recreation Program Registration Form

NAME OF PARTICIPANT	DATE OF BIRTH	M/F	SCHOOL	GRADE IN SEPT. 16

** Please fill in these boxes if you are registering a child under the age of 18*

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

Primary: Last Name, First Name:		DATE OF BIRTH:
Address:		Town/City:
Home Phone:	Cell Phone:	
Email Address:		
I would be willing to coach my child's Youth Basketball Team YES NO circle one		
Secondary: Last Name, First Name:		DATE OF BIRTH:
Address:		Town/City:
Home Phone:		
Email Address:		

Emergency Contact (other than Prim./Sec.)

1 st Contact Name:	Relationship:
Address:	Phone No:

ACTIVITY REGISTRATION INFORMATION

Program Name	Program Code	Program Fee	Alternate Session	Office Use Only

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:

TOTAL PAYMENT DUE: _____ Cash _____ Check _____
 Credit Card Number _____ Exp _____ VISA or MC

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.

SIGNATURE OF PARENT/GUARDIAN OR ADULT PARTICIPANT DATE

Print Name _____