

**MAIL OR BRING REGISTRATION FORM AND PAYMENT TO:
SUFFIELD PARKS & RECREATION DEPARTMENT
230C MOUNTAIN RD.**

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

ADULT REGISTRATION

Participant's Name: _____ **Work Phone:** _____ **Cell Phone:** _____

Street Address: _____ **Home Phone:** _____

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

Email Address: (Please print neatly): _____

List any medical concerns or special assistance that the staff and volunteers should be made aware of:

TO THE FULLEST EXTENT PERMITTED BY LAW I AGREE TO INDEMNIFY, RELEASE AND HOLD HARMLESS THE TOWN OF SUFFIELD AND THE SUFFIELD DEPARTMENT OF PARKS AND RECREATION AND ITS EMPLOYEES, VOLUNTEERS, AGENTS, SERVANTS FROM ANY AND ALL CLAIMS, SUITS, ACTIONS, INJURIES OR DAMAGES OF ANY KIND CAUSED BY OR RESULTING FROM PARTICIPATION IN THE SUFFIELD PARKS & RECREATION DEPARTMENT PROGRAM. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE .

PARTICIPANT'S SIGNATURE

DATE

Participant Name	Program Name	Program Date	Fee
			\$
			\$
			\$
			\$
SUBTOTAL			\$

TOTAL AMOUNT DUE \$ _____

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