

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

Amt. \$ \_\_\_\_\_ Chk# \_\_\_\_\_  
 Cash \_\_\_\_\_  
 Initials/Date: \_\_\_\_\_

***FAMILY REGISTRATION***

Participant Name	Program Name	Program Date	Fee
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL</b>			<b>\$</b>

**Mother:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Street & Mailing Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email Address: (Please print neatly):** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

- Does participant require an epi-pen? (Name) \_\_\_\_\_ Yes \_\_\_\_\_ No
- We adhere to a policy of "no drugs allowed" at any of our programs, except for life threatening conditions. Call the Department for further forms to be completed and any questions regarding this policy.

List any medical problems, allergies, or special assistance that your child needs: (Child's name) \_\_\_\_\_  
 \_\_\_\_\_

In the event of an emergency requiring medical attention. I understand that a reasonable effort will be made to contact me to obtain authorization before treatment or hospitalization is rendered. However, if I am unavailable, I grant permission to a physician or other hospital personnel to attend to my daughter/son.

I GIVE MY SON/DAUGHTER PERMISSION TO PARTICIPATE IN THE SUFFIELD PARKS AND RECREATION DEPARTMENT PROGRAM. 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.

***TOTAL AMOUNT DUE*** \$ \_\_\_\_\_

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