

MAIL OR BRING REGISTRATION FORM AND PAYMENT TO:
SUFFIELD PARKS & REC. DEPT., 230C MOUNTAIN RD., 668-3862

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

YOUTH REGISTRATION

Child's Name	Grade	Birth Date	Program Name	Program Dates	Fee
					\$
					\$
					\$
TOTAL					\$

MOTHER: _____ WORK PHONE: _____ CELL PHONE: _____

FATHER: _____ WORK PHONE: _____ CELL PHONE: _____

STREET & MAILING ADDRESS: _____ HOME PHONE: _____

E-MAIL ADDRESS (Please print): _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

DOCTOR'S NAME: _____ PHONE: _____

- Does your child require an epi-pen? (Child's 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.

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 AND HOLD HARMLESS THE TOWN OF SUFFIELD AND ITS EMPLOYEES FROM ANY INJURIES OR DAMAGES CAUSED BY OR RESULTING FROM PARTICIPATION IN THE SUFFIELD PARKS & RECREATION DEPARTMENT PROGRAM. CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE:

 PARENT OR GUARDIAN SIGNATURE

 DATE

TOTAL AMOUNT DUE \$ _____

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