Registration Deadline Feb. 22nd!

Bethel Parks & Recreation

1 School Street, Bethel, CT 06801
Phone: 203-794-8531 Fax: 203-778-7519

2016 SPRING REGISTRATION FORM

Parent/Guardian name:_____ **Phone #**_____ **Work Phone:**_____

Street:_____ **Town:** _____

E-Mail:_____

***MAIN CONTACT during program hours*:** **Name:** _____ **Phone:**_____

Emergency contact , other than parents: _____ Relationship: _____ Phone: _____

Allergies/Medications/other info:_____

_____

Participant's Name	Grade Fall 2015	Birth date	Male/ Female	Age	Program Name	Day	Time	Fee

Waiver Agreement: I am fully aware of the risk inherent and hereby give the above named applicant my consent to participate in the program(s) listed above, and agree to hold harmless the Bethel Parks and Recreation Department, its employees, elected officials, or any volunteers or instructors from any and all liability from any injury, claims costs or loss of services which might be incurred by participation in said programs, activities, or events. Permission is hereby granted for any child/participant to receive emergency treatment, if needed and I authorize the attending physician to administer any necessary medical attention. Further, I hereby grant full permission to any and all of the foregoing to use my photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose whatever without compensation or remuneration. Furthermore, I certify that my child/participant is in excellent health and that there are no limitations to his/her participation except as stated in writing above. I have read this document carefully and signed it voluntarily with full knowledge of its significance.

Participant/Parent/Guardian Signature: _____ **Date:**_____

Office Use Only: Paid _____ Cash_____ Ck # _____	Late fee of $10.00 is due after Sept. 23	
Entered by: Date:	Non-Resident Fee $15.00	
	Total Due:	
	Paid:	
	Balance due:	
	Paid:	
	Balance due:	