

Barkhamsted Parks and Recreation Program Registration Form

www.barkhamstedrec.us

PRIMARY HOUSEHOLD CONTACT/PARENT/GUARDIAN:

NAME:		DATE OF BIRTH:
ADDRESS:		
TOWN/CITY:		ZIP CODE:
PHONE (H):	PHONE (W):	PHONE (C):
EMAIL ADDRESS:		

EMERGENCY CONTACT INFORMATION:

NAME:	
PHONE:	RELATIONSHIP:

REGISTRATION INFORMATION:

LAST NAME	FIRST NAME	DATE OF BIRTH	GRADE	M/F	ACTIVITY NAME	Date/Session/Time	FEE

EASY WAYS TO REGISTER

MAIL IN: Enclose a check payable to "Town of Barkhamsted Parks and Recreation" with completed form to: Barkhamsted Parks and Recreation Department-67 Ripley Hill Road- P.O. Box 558 Pleasant Valley, CT 06063-0558

WALK IN: Bring form & payment to Recreation Office, Upper Level, Town Hall.

Questions?-Email Donna Bastrzycki-Recreation Director- barkhamstedrec@barkhamsted.us

AMT DUE:



ALLERGIES/EPI-PEN/SPECIAL NEEDS INFORMATION: (please be detailed)

LAST NAME	FIRST NAME	ALLERGIES, EPI-PEN, SPECIAL NEEDS, MEDICATIONS, CONDITIONS:

WAIVER OF PARTICIPANT BY PARENT OR SELF: I understand that participation in any recreational or sports activity involves risk. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. I further understand that the Town of Barkhamsted does not provide accident/medical insurance for program participants. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release any and all claims of damage against the Town of Barkhamsted, its successors and assigns, employees, agents, and representatives for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by my child, or myself, or my ward, while participating in this activity. In addition, I give my permission for the child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian can not be reached at the phone numbers above. PHOTO RELEASE: I understand that for promotional purposes, the Town of Barkhamsted photographs, and/or videotapes participants enrolled in recreational activities, classes or at special events. I hereby release and permit the Town of Barkhamsted to utilize for said promotional purposes any photographs and/or videotapes of me or my minor child engaging in the above-listed recreational activities.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

Amount Paid: _____ Entered By: _____ Date: _____ Pmt Type: Cash _____ CHK#: _____