Bethel Parks & Recreation

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

2013 SUMMER REGISTRATION FORM

Parent/Guardian_____ **Home Phone:**_____ **Work Phone:**_____

Address:_____ **Cell Phone(s):** _____

City:_____ **State:**_____ **Zip Code:**_____ **E-Mail:**_____

Emergency Contact (name & phone #)_____

Participant's Name	Grade Fall 2013	Birth date	Male/ Female	Age	Program #	Program Name	Fee

Allergies/Medications/Other Info.	Office Use Only: Paid _____ Cash_____ Ck # _____ Entered _____	PER PROGRAM: Non Resident fee $15.00 Late fee $10	
		Total Due:	

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. 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:**_____