SPRING/SUMMER PROGRAM REGISTRATION FORM

www. middlebury-ct.org (203) 758-2520 (office) (203) 577-4172 (fax)

Application Instructions:

Please refer to Program Book before completing this form for description, cost, dates and times of program operation. A signature is required for all program enrollments. Cash or check accepted – no credit cards.

Completed forms with full payment included may be mailed or delivered to: Middlebury Parks & Recreation
P.O. Box 392
Middlebury, CT 06762

FAMILY NAME: _____

PLEASE PRINT

Primary Household Member's Name	**Secondary Household Member's Name** (include address if different)
Name:	Name:
Address:	Address:
P.O. Box:	P.O. Box:
Town: Zip:	Town: Zip:
Phone: (H) (W) (C)	Phone: (H) (W) (C)
Email:	
Insurance Co.:	Policy #:

Emergency Contact (other than parent/guardian, i.e. grandparent, neighbor, etc.)

Name:	Phone: (H) (C)

Permission Granted to Pick Up Child (if parent cannot be reached) ***(Playground/Teen/Swim/Sports Camps Only)***

Name:	Phone: (H) (C)

Person With No Legal Right to Pick Up Child **(*Playground/Teen/Swim/Sports Camps Only)***

Name:	Name:

Household Member Names	**Male/Female**	**Date of Birth**	**Age**	**Fall Grade**	**Allergies/Medications/Other Info.**	**Hospital**
1.						
2.						
3.						
4.						
5.						
6.						

I authorize all representatives of Middlebury Parks & Recreation Dept. to act in behalf for the purpose of obtaining emergency medical treatment for the program participant: _____ YES _____ NO

PROGRAM REGISTRATION INFORMATION

Participant Name	**Session #**	**Program Name**	**Day/Time/Starting Date**	**Swim Level**	**Playground T-Shirt (size)**	**Fee**
			TOTAL FEE			

REFUND POLICY: There are no refunds once a program begins, except for medical reason. A minimal processing fee is charged. We reserve the right to cancel or consolidate programs based on registrations. Full refunds are given for any cancelled program.

RELEASE AND WAIVER

In consideration for participating in the above-referenced program/activity sponsored by Middlebury Parks & Recreation, I hereby waiver and release the Town of Middlebury, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and/or judgments, including attorney's fees and court costs, which may arise from my or my child's participation in the above-referenced program/activity or any illness or injury resulting there from, either directly or incidentally.

I hereby represent that I understand and am familiar with the nature and type of activities in which I or my child will participate as part of the above-referenced program/activity. I further represent that I, or my child, is in good physical and mental health and that I am unaware of any physical or other health condition that would affect my or my child's ability to participate in the above-referenced program/activity.

I acknowledge that I will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury.

I have read this document and understand and agree to its terms and conditions.

_____ _____

Participant/Parent/Legal Guardian Date