

East Granby Recreation Program Registration Form

PARTICIPANT'S NAME: _____

ADDRESS: _____ TOWN: _____

HOME PHONE: _____

PROGRAM OR TRIP: _____ FEE: _____

PROGRAM OR TRIP: _____ FEE: _____

PROGRAM OR TRIP: _____ FEE: _____

PROGRAM OR TRIP: _____ FEE: _____

For Youths Under 18 - Please complete the following:

AGE: _____ SCHOOL: _____ GRADE: _____

PHYSICAL LIMITATIONS or
MEDICAL RESTRICTIONS? _____

For camp programs, form on reverse side must also be filled out.

FATHER'S NAME: _____ PHONE (W): _____

MOTHER'S NAME: _____ PHONE (W): _____

LIABILITY RELEASE

The **EAST GRANBY PARKS & RECREATION DEPARTMENT** is not responsible for personal injuries, damages or losses which may occur. As in any sports or activities, there is a certain amount of inherent risk involved. Signature on this form indicates recognition of these risks, permission to participate and consent to secure emergency medical treatment in the event a parent/guardian cannot be reached.

Parent/Guardian (if participant is under 18 years old) _____ Date _____ Signature -

Deliver or mail completed registration form and payment to:

(For office use) 1. ___/___/___ 2. ___/___/___ 3. ___/___/___ 4. ___/___/___