

New Britain Parks, Recreation & Community Services Department

Activity Registration Form

OFFICE USE ONLY

Directions: Complete this form IN FULL and return with payment to the Parks & Recreation Department, 27 West Main Street, Room 302, New Britain, CT 06051. Additional Forms can be obtained by calling (860) 826-3360 or visiting nbparksnrec.org

Init: _____ Date: _____
 CASH CK CC
 CK# _____ \$ _____

STEP 1 Primary Guardian / Adult Participant Information (Please complete an Activity Registration Form for each adult participant)

First Name:	Last Name:
Address:	Email Address:
City, State, Zip:	<input type="checkbox"/> Please email my receipt to the above email Address. <u>GO GREEN!</u>
Home Phone:	Work Phone:
Cell Phone:	Birthday: / / Gender: <input type="checkbox"/> M <input type="checkbox"/> F

Adult Participant: If any special medical concerns please see the box in section 3.

STEP 2 Emergency Contact Information

Initial the box to the far right if this person has permission to pick up your child .

1 st Emergency Contact:	Home Phone:	Cell Phone:	Relationship:	
2 nd Emergency Contact:	Home Phone:	Cell Phone:	Relationship:	
3 rd Emergency Contact:	Home Phone:	Cell Phone:	Relationship:	

STEP 3 Youth Participant Information (Please complete an Activity Registration Form for each youth participant under 18)

First Name:	Last Name:		
Address:	City, State, Zip:		
School:	Grade:	Birthday: / /	Does the participant have any special medical concerns? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Does the participant require reasonable accommodations in order to participate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Check here if you would like to have an individual accommodation meeting with the Parks and Recreation supervisor and the participant. <input type="checkbox"/>

STEP 4 Activity Information

1 st Activity Name:	Fee: \$	Activity Number:	
2 nd Activity Name:	Fee: \$	Activity Number:	
3 rd Activity Name:	Fee: \$	Activity Number:	

STEP 5 Payment Information

Activity Fee Subtotal	\$	Payment Type: CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>
Would you like to make a donation to our Scholarship Fund? If yes please indicate the amount in the box to the right.	\$	Please make checks payable to "New Britain Parks and Recreation Department"
Total Payment Amount	\$	For up to the minute information:



I, the undersigned, being desirous of participating in the above designated event/program being sponsored by the Department of Parks and Recreation of the City of New Britain, do state and agree to the following terms and conditions of participation: 1. I agree and understand the nature and risks associated with this activity, including the risks of suffering personal injury and/or property damage during the course of the event/program. 2. I understand this event/program is a non-profit recreational event and agree to waive on my behalf, or the behalf of the participant, and claim I and/or the participant may have against the City, any agent or employee of the City, any sponsor of the event/program, or any volunteer assisting in the event/program as a condition of my participation. 3. If the participant in the event/program is a minor (under the age of eighteen (18) years old), I represent that I am the parent or legal guardian to consent to such minor's participation in this event/program. 4. I give permission to the New Britain Parks & Recreation Dept. to photograph and video tape myself and my heirs. 5. This also gives permission for my child to be transported for special field trips without additional permission. Ample notification of trips will be given.

Signature: _____ Date: _____