

**New Britain Parks and Recreation Department  
27 West Main Street, Room 302, New Britain, CT 06051  
"Exercise the Right Choice"  
Middle School After-School Program Application**

Please fill out both sides of this form.

**REGISTER TODAY!**

**PARTICIPANT'S INFORMATION:**

Participant Name:		Student ID Number: <b>REQUIRED</b>		
Address:	City:	Zip:	Male	Female <i>(Circle One)</i>
Middle School:	Teachers Name:	Activity #	Date of birth	Grade

I, the undersigned, being desirous of participating in the event/program above designated 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 that this event/program is a non-profit recreational event/program and agree to waive on my behalf, or the behalf of the participant, any 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), I represent that I am the parent or legal guardian to consent to such minor's participation in this event/program.
4. This also gives permission for my child to be transported off school grounds for special field trips without additional permission. Ample notification of trips will be given.
5. I give consent for my child to participate in evaluations conducted at the center. I understand that his/her answers to questionnaires will be anonymous and confidential. They will be used only to evaluate the effectiveness of the center and its programs.
6. I give permission to the New Britain Parks & Recreation Department to photograph and videotape my child.
7. I agree to allow the New Britain Parks and Recreation Department to access the participant's test scores and report card grades for evaluations purposes only. All grades will remain confidential.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**GUARDIAN INFORMATION:**

Guardian Name:	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	Zip:	Relationship to Child:

**EMERGENCY INFORMATION:**

Name:	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	Zip:	Relationship to Child:

**If necessary, the following individuals have permission to pick up my child (A VALID ID IS REQUIRED)**

Written permission is **required** for any individual not listed below (to pick up student)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_