LAST NAME

NEWTOWN PARKS & RECREATION
PROGRAM REGISTRATION FORM

Town Hall South, 3 Main Street
Newtown, CT 06470

Household Contact/Parent/Guardian #1	**Household Contact/ Parent/Guardian #2**
Name_____	Name_____
Address_____	Address_____ (Address Only fill out if different than #1)
City_____ State_____ Zip_____	City_____ State_____ Zip_____
Home Phone_____	Home Phone_____
Work Phone_____	Work Phone_____
Cell Phone_____	Cell Phone_____
Email Address_____	Email Address_____

Emergency Contact(other than parent/guardian)
Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone_____

PARTICIPANT REGISTRATION

Activity #	Activity Name	Last Name(if different)	First Name	Age	Gr	Date of Birth	Sex	Fee

Youth Programs Only

MAKE CHECKS PAYABLE TO NEWTOWN PARKS AND RECREATION	**PARK GIFT FUND**	
	TOTAL	

List any specific health problems, allergies or medications_____

Comments_____

We will be happy to give refunds or credits minus a $10.00 administration fees if notification is received one (1) week prior to the start of the program

WAIVER OF TOWN LIABILITY
I, undersigned, assume all risks and hazards incidental to such participation in the above mentioned Newtown Parks & Recreation Department activity; and I hereby, waive, release, absolve indemnity, and agree to hold harmless the Newtown Parks and Recreation Department and the program instructors, organizers, sponsors, etc. for any claim arising out of injury to myself/child. Participation is at my/my child's own risk. There is no medical coverage.
PHOTO RELEASE: THE NEWTOWN PARKS AND RECREATION DEPARTMENT MAY VIDEOTAPE OR TAKE PHOTOGRAPHS OF PARTICIPANTS ENROLLED IN RECREATION ACTIVITIES/PROGRAMS. THESE PHOTOS AND/OR VIDEOTAPES MAY BE USED FOR PROMOTIONAL PURPOSES.

Parent/Guardian/Self Signature X_____ Date_____