

**REGISTRATION FORM**  
 FOR CLASSES, CLINICS, LESSONS & TRIPS  
 203-315-6017

**MAKE CHECKS PAYABLE TO:**  
 TOWN OF NORTH BRANFORD  
**MAIL TO: North Branford Parks and Recreation Department,**  
**P. O. Box 287, North Branford, CT 06471**

**THIS FORM MAY BE DUPLICATED FOR ADDITIONAL REGISTRATIONS**

ADULT NAME (Of person completing this form): \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency call \_\_\_\_\_ Phone \_\_\_\_\_  
 (Other than spouse/parent/guardian, i.e., friend, neighbor, grandparent)

<b>PARTICIPANT NAME</b> (Including name above if participating)	<b>DOB</b>	<b>GRADE</b>	<b>Male/ Female</b>	<b>PROGRAM/TRIP</b>	<b>FEE</b>

**T-SHIRT (If applicable) CIRCLE ONE: YS YM YL AS AM**

Allergies/Medications/Other Information (Please specify):  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Non-resident Fee \$5/program per person</b>	
<b>TOTAL FEE:</b>	

**RELEASE OF LIABILITY:**  
 I waive all rights and release all claims that might be had against the Town of North Branford, it's hired or contracted instructors, their employees and agents, for any and all injuries or losses which may be suffered because of my participation or my child's or my children's participation in the above activity offered by the Town of North Branford, in consideration of permission of the district to participate in the activity. I consent to my child's participation in the above activity, and authorize the district and its employees or agents to provide emergency medical treatment for my child on my behalf. I give permission to have my photo or the photo of my child or children taken during classes, used for publicity purposes of the North Branford Parks & Recreation Department. I understand the North Branford Parks & Recreation Department will not be held responsible for injuries as a result of participation in any of the programs. I also understand that I must carry accident and liability insurance for my child.

**Signature of Participant (18 years or older):** \_\_\_\_\_

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only: Date: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Initials: \_\_\_\_\_