

# ENFIELD RECREATION DIVISION REGISTRATION FORM

19 North Main Street, Enfield CT 06082

Phone: 860-253-6420 Website: [www.enfield-ct.gov/recreation](http://www.enfield-ct.gov/recreation)

## PRIMARY HOUSEHOLD CONTACT INFORMATION

Parent/Legal Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt./Box # \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

If there are any medical concerns or special needs that we should be aware of, please list here: \_\_\_\_\_

## PROGRAM INFORMATION

\*One registration form can be used for more than one person in this household\*

Participant First Name, Last Name	M/F	Date of Birth	Program Activity Number	Program Name	Alternate Activity Number	Fee

## RELEASE AND WAIVER

In consideration for participating in the above-referenced program/activity sponsored by the Recreation Division of the Town of Enfield, I hereby waive and release the Town of Enfield, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and/or judgments, including attorney's fees and court costs, which may arise from my or my child's participation in the above-referenced program/activity or any illness or injury resulting there from, either directly or incidentally.

I hereby represent that I understand and am familiar with the nature and type of activities in which I or my child will participate as part of the above-referenced program/activity. I further represent that I am, or my child is, in good physical and mental health condition and that I am unaware of any physical or other health condition that would affect my or my child's ability to participate in the above-referenced program/activity.

I acknowledge that I will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury.

Photo Release: The Recreation Division reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Recreation use only and may be used in future catalogs, websites, brochures, pamphlets and/or flyers.

Behavior Expectations: I understand that I and/or my child must be able to abide by all rules and policies set forth by the said program and failure to do so may result in dismissal from the program.

I have read this document and understand and agree to its terms and conditions.

\_\_\_\_\_  
PARTICIPANT/PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

For registrations to be processed, we require a completed registration form, full payment and proof of residency.