

# ENFIELD RECREATION DEPARTMENT REGISTRATION FORM

Updated: 9/21

124 North Maple Street, Enfield CT, 06082

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

**Primary Household Contact:** *this is an adult program participant or a parent/guardian registering a minor child.*

Primary Contact Name: _____	Date of Birth: ____/____/____
Street Address: _____	City/State: _____ Zip: _____
Contact Number: _____	Email Address: _____

## Participant Registration Information

Participant Name: _____	Gender: _____
<i>Minors only:</i> Date of Birth: ____/____/____	Current Grade Level: _____
Does this participant have any medical concerns or special needs, including behavioral issues, that the instructor should be aware of? If yes, please list here: _____	
<i>For complete information concerning the HIPAA Compliance Program, visit our website at <a href="http://www.enfield-ct.gov">www.enfield-ct.gov</a> or call the Recreation Office for more information.</i>	
Emergency Contacts: Name: _____	Phone: _____
Name: _____	Phone: _____
Program Name: _____	Dates: _____ Fee: _____
Program Name: _____	Dates: _____ Fee: _____
Program Name: _____	Dates: _____ Fee: _____
Total Cost: _____	

## Release and Waiver

In consideration for participating in the above-referenced program/activity sponsored by the Recreation Department 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 Department 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 my child must be able to abide by all rules and policies set forth by the 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 office use only:

Registration date: \_\_\_\_\_ Registered by: \_\_\_\_\_ Payment method: \_\_\_\_\_ Invoice Number: \_\_\_\_\_