

PROGRAM REGISTRATION

First Name _____ Last Name _____
Address _____ Telephone _____

Name of Program	Day(s)	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

Totals\$ _____

=====
Any special concerns, needs or medical such as allergies, asthma, etc. yes no.
If yes please explain: _____

WAIVER OF TOWN LIABILITY:

Participants acknowledge that he/she or the parent or guardian has read and understands the information previously given.
Participant/guardian/parent further certifies that he/she is in good physical condition and is fit to participate in this activity.
Participant/parent/guardian understands that the Department's Sports Activities have categories of inherent risk, that accidents can occur, and that he/she must always be alert for dangers to themselves and to other participants. In the event of an injury to myself or my family member, I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Bethany P&R, its employees and instructors. I understand that this release applies to any present or future injuries. I have read and sign it voluntarily.

SIGNATURE: PARTICIPANT

Date

Emergency Contact:
Name: _____

Phone: _____

Make checks payable to: Bethany Parks and Recreation Dept., 40 Peck Rd. Bethany CT. 06524
Returned checks charged \$20.00