

# PROGRAM REGISTRATION FORM

8 Campus Drive, Madison, CT 06443

Telephone: 203-245-5623 ♦ Fax: 203-245-5643

Business Hours: Monday-Friday 8:30 a.m. – 4:00 p.m.

Parent's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

E-mail Address : \_\_\_\_\_

Fill in all sections that apply to you.

| Participant's Name | Date of Birth | School | Grade | Program Name | Program # | Session | Fee |
|--------------------|---------------|--------|-------|--------------|-----------|---------|-----|
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### **Participant's information:**

Allergies or conditions we should know about: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone number:(\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

### **Payment information:**

Out-of-town participation in programs and trips: There is an additional charge of \$5.00 for programs costing \$20.00 or less; and a \$10.00 for programs costing more than \$20.00.

Payment Method: \*\*\*Check # \_\_\_\_\_ Total enclosed: \$ \_\_\_\_\_

\*\*\*Check payable to **TOWN OF MADISON**

--OR--

VISA  Master Card  Discover

Card Holder Name: \_\_\_\_\_ Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### **Please read carefully:**

Release--I understand there are risks of physical injury in participating in sports and recreational activities or programs. I hereby release the Town of Madison, its employees, officials and agents from any and all liability or loss or damage to personal property that, my child or I may experience in connection with activities sponsored by Madison Beach & Recreation.

I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The department does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program. I also consent to the use of my or my child's photo, video, artwork etc. by the dept for flyers, presentations, etc.

I have read and agree to the disclaimer statement.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_