

**REGISTRATION FORM**

Middlefield Park and Recreation  
 405 Main Street  
 Middlefield, CT 06455  
 (860) 349-7122  
 www.middlefieldparkandrecreation.com

Separate Registration Form for each Participant  
 Separate Registration Form for each Program  
 Make checks out to: Middlefield Park and Recreation  
 PLEASE PRINT CLEARLY, Thank You.  
 LAST NAME \_\_\_\_\_

PROGRAM ID# \_\_\_\_\_

Participant's Name \_\_\_\_\_  
 Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Parent's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Person \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Emergency Phone# \_\_\_\_\_  
 Home \_\_\_\_\_  
 Work \_\_\_\_\_  
 Cell \_\_\_\_\_

**PROGRAM INFORMATION**

Program \_\_\_\_\_  
 Location \_\_\_\_\_  
 Instructor \_\_\_\_\_  
 Day(s) Begins \_\_\_\_\_ Ends \_\_\_\_\_  
 Time(s) Begin \_\_\_\_\_ Ends \_\_\_\_\_  
 Fee \_\_\_\_\_

**PERSONAL INFORMATION** (anything you feel needs to be known, instructions for who the child may be released to, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HEALTH INFORMATION**

Does your child have any known allergies or have any known illnesses or physical limitations, etc.  
 Please list and describe \_\_\_\_\_  
 \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Will there be siblings of the child attending the same program? Their names \_\_\_\_\_  
 \_\_\_\_\_

Has your child been prescribed an inhaler or an epi-pen? \_\_\_\_\_

In the event my child needs emergency medical care while in a Middlefield Park and Recreation Program and there is no time to be contacted or I or my emergency contact cannot be reached, I hereby give permission for the hospital to give such emergency treatment as is considered necessary or desirable by medical judgement, including administration of anesthesia. \_\_\_\_\_ (please initial)

**WAIVER**

I acknowledge that there are risks associated with participating in a recreational activity and agree to assume the risk of injury, which I and/or my child(ren) may encounter. I, the undersigned parent/guardian of this applicant, a minor, hereby waive, release and discharge the Parks and Recreation Department and the Town of Middlefield from any and all claims for personal injury and property damage I and/or my child(ren) may have while participating in this program or while on Town property. The Park and Recreation Department reserves the right to suspend a child from the program if the staff finds the child to have a behavior problem which negatively impacts the program. No refunds.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE**

Date Registration Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Mailed \_\_\_\_\_ Dropped Off \_\_\_\_\_ Registration Night \_\_\_\_\_

Payment Made \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_

Notes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_