

# Norwich Recreation Program Registration Form

75 Mohegan Road, Norwich, CT 06036 Phone: (860)823-3791 Fax: (860)823-3830 [www.norwichct.org](http://www.norwichct.org)

## PRIMARY PARENT/GUARDIAN CONTACT INFORMATION

Primary Guardian \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Name of Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## PARTICIPANT/PROGRAM INFORMATION

Participant's Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Program Name \_\_\_\_\_ Activity # \_\_\_\_\_ Day/Time \_\_\_\_\_ Fee \_\_\_\_\_

Program Name \_\_\_\_\_ Activity # \_\_\_\_\_ Day/Time \_\_\_\_\_ Fee \_\_\_\_\_

Medical Concerns \_\_\_\_\_

Participant's Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Program Name \_\_\_\_\_ Activity # \_\_\_\_\_ Day/Time \_\_\_\_\_ Fee \_\_\_\_\_

Program Name \_\_\_\_\_ Activity # \_\_\_\_\_ Day/Time \_\_\_\_\_ Fee \_\_\_\_\_

Medical Concerns \_\_\_\_\_

Participant's Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Program Name \_\_\_\_\_ Activity # \_\_\_\_\_ Day/Time \_\_\_\_\_ Fee \_\_\_\_\_

Program Name \_\_\_\_\_ Activity # \_\_\_\_\_ Day/Time \_\_\_\_\_ Fee \_\_\_\_\_

Medical Concerns \_\_\_\_\_

**Make checks payable to: "Norwich Recreation Dept." Debit/Credit accepted. NO CASH TOTAL FEE \$ \_\_\_\_\_**

Please make sure that you fill out this form completely to assure proper registration. The grade is only required for youth programs. Grade listed that child is in beginning in September. The City of Norwich Recreation Department Program (as defined below, "Program") involves a variety of physical activities and there is an element of risk involved, which each participant must assume (including injury, disability or death). I affirm that my health is adequate and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the Program. The undersigned hereby agrees: 1. I fully assume all risks associated with utilization of and participation in the program(s) listed above and agree not to sue and hereby release the City of Norwich, its agents, servants, employees, volunteers, elected officials boards and commissions (collectively "The City"), from all liability should an injury to me or listed participant occur during participation in the said program(s). 2. I, for myself and for my heirs, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless the Town, from any and all claims, suits or demands by anyone arising from my use of OR participation in THE PROGRAM. 3. If I am a parent or guardian signing on behalf of a child or ward, I make these representations and agreements on behalf of my child or ward. 4. I give permission to the Recreation Department to use any photo or video taken during participation for promotional materials.

**\*There are no refunds unless the program is cancelled by the Norwich Recreation Department.**

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