

Recreation PROGRAM REGISTRATION Form

Return Form (with appropriate fees) to: Plainfield Recreation 482 Norwich Road Plainfield 06374

Name _____
 (Adult Participant or Parent/Guardian)

Home Phone # _____ Cell and or Work Phone # _____

Mailing Address _____ Town _____

Street Address if different _____ Zip Code _____

Emergency Contact (secondary parent/guardian plus additional adult):

Name	Phone	Relationship

Name	Phone	Relationship

List any medical, allergies, physical limitations, special needs/conditions and /or medications we should be aware of:

PRINT Participant First/Last Name	Program/Activity	Gender	DOB	Grade	Fee

EMERGENCY RELEASE: I grant permission to the Town of Plainfield to utilize any medical emergency services it deems necessary to treat any injury that I or my child may incur. WAIVER: I understand that participation in any Town of Plainfield recreational programs and/or it's related facility by myself or my minor child involves risks. I understand that participation in any recreational land or water sport/program or activity there is an element of risk, physical contact and strenuous physical activity in which each participant voluntarily assumes all risk. I affirm that my health is adequate and that I am not under any physician's care that bears upon my (or my minor child's) participation in the above activity. In consideration of being allowed to participate in town activities, I assume all risks, including personal injury and fatality, which may arise from participation of myself or my minor child in such activities. I agree for myself, my family, heirs, executors and administrators to not sue and to release, indemnify and hold harmless the Town of Plainfield and their affiliates, officers, directors, employees, volunteers, successors and assigns from any and all liability, claims, demands and causes of action whatsoever, that may arise from the participation of myself or my minor child in town sponsored activities and its various programs on or off-site, whether it results from the negligence of any of the above named persons or entities or from any other cause. This release and indemnification agreement shall be as broad and inclusive as is permitted by the law of the State of Connecticut. If any portion of it is held invalid, the balance shall continue in full force and effect. PHOTO RELEASE: I understand that for promotional purposes, the Town of Plainfield and local media takes photographs of participants enrolled in recreational activities, classes or programs. I hereby release and permit the Town of Plainfield to utilize for said promotional purposes any photographs of me or my minor child engaging in the above listed activities..

PARTICIPANT or Parent/Guardian Signature _____ **Date** _____

Payment information: Please make checks payable to Plainfield Recreation
 Payment Method: Check _____ Cash _____

Refund Information: Refunds may be given if participant cancels two weeks prior to start of program and it does not effect the outcome of a program. There are no credits or refunds for trips, child care registration fees or summer recreation deposits.

Recreation Office: Amount paid: _____ Date: _____ Receipt: _____
 REVISED 2/6/2012