



# PROGRAM REGISTRATION FORM

Please Print Clearly

## PRIMARY HOUSEHOLD CONTACT/PARENT/GUARDIAN:

NAME:		DATE OF BIRTH:
ADDRESS:		
TOWN/CITY:		ZIP CODE:
PHONE (H):	PHONE (W):	PHONE (C):
EMAIL ADDRESS:		

## EMERGENCY CONTACT INFORMATION:

NAME:	
PHONE:	RELATIONSHIP:

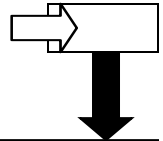
## PARTICIPANT REGISTRATION INFORMATION:

LAST NAME	FIRST NAME	DATE OF BIRTH	GRADE	M/F	ACTIVITY NAME	CODE & SESSION LETTER	FEE

### 3 EASY WAYS TO REGISTER

- ONLINE:** Register online at [www.coventryct.org](http://www.coventryct.org) with a credit card.
- MAIL IN:** Enclose a check payable to "Town of Coventry" with completed form to: Coventry Recreation, 1712 Main Street, Coventry, CT 06238.
- WALK IN:** Bring form & payment to Recreation Office, 1<sup>st</sup> Floor, Town Hall.

**"Round Up" For Youth Recreation**  
 Rounding up your program fee, helps provide financial assistance for those unable to afford the program fee for youth activities.



AMT DUE:
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## ALLERGIES/SPECIAL NEEDS INFORMATION: if none please state "none" in box

LAST NAME	FIRST NAME	ALLERGIES, SPECIAL NEEDS, MEDICATIONS, CONDITIONS:

**WAIVER OF PARTICIPANT BY PARENT OR SELF:** I understand that participation in any recreational or sports activity involves risk. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. I further understand that the Town of Coventry does not provide accident/medical insurance for program participants. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release any and all claims of damage against the Town of Coventry, its successors and assigns, employees, agents, and representatives for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by my child, or myself, or my ward, while participating in this activity. In addition, I give my permission for the child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian can not be reached at the phone numbers above. PHOTO RELEASE: I understand that for promotional purposes, the Town of Coventry photographs, and/or videotapes participants enrolled in recreational activities, classes or at special events. I hereby release and permit the Town of Coventry to utilize for said promotional purposes any photographs and/or videotapes of me or my minor child engaging in the above-listed recreational activities.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### FOR OFFICE USE ONLY:

Amount Paid: \_\_\_\_\_ Entered By: \_\_\_\_\_ Date: \_\_\_\_\_ Pmt Type:    Cash    CC    CHK#: \_\_\_\_\_