

RECREATION PROGRAM REGISTRATION FORM

Please print clearly and mail completed form to: 559 South Main Street, Cheshire, CT 06410

Participant Information

FIRST NAME: _____ LAST NAME: _____

GENDER: _____ BIRTH DATE: _____ GRADE (FALL 2020): _____ SCHOOL (FALL 2020): _____

PARTICIPANT HEALTH INFORMATION: Information is requested to help anticipate and accommodate participant's needs during programming. Check all that apply and elaborate below. All information will be kept confidential.

- | | | |
|---|---|---|
| <input type="checkbox"/> Allergies to food or bee stings | <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Physical Dysfunction/Mobility Difficulty |
| <input type="checkbox"/> Other Allergies | <input type="checkbox"/> Behavioral Issues | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Concussion | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Uses Inhaler | <input type="checkbox"/> Heart Problems/Disease | <input type="checkbox"/> Receives Special Education Services |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Musculoskeletal Injury | <input type="checkbox"/> Vision, Hearing or Speech Problems |
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Seizures | <input type="checkbox"/> Other Health Concern(s) |
| <input type="checkbox"/> May need medication during program | | |

If any item was checked, please elaborate: _____
For us to best accommodate participant's needs, please list any medical, physical, psychological or emotional issues not mentioned above: _____

Household Information

ADULT PARTICIPANT OR PARENT/GUARDIAN I

NAME: _____

ADDRESS: _____

TOWN & ZIP: _____

PHONE I: _____ TYPE: CELL / HOME / WORK

PHONE II: _____ TYPE: CELL / HOME / WORK

PHONE III: _____ TYPE: CELL / HOME / WORK

EMAIL: _____

PARENT/GUARDIAN II OR HOUSEHOLD ADULT II

NAME: _____

ADDRESS: _____

TOWN & ZIP: _____

PHONE I: _____ TYPE: CELL / HOME / WORK

PHONE II: _____ TYPE: CELL / HOME / WORK

PHONE III: _____ TYPE: CELL / HOME / WORK

EMAIL: _____

Emergency Contact

NAME: _____ PHONE: _____ TYPE: CELL / HOME / WORK

ACTIVITY CODE	PROGRAM NAME	FEE (NON-RESIDENTS ADD \$10)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Answer all applicable questions.

DOG OBEDIENCE: Dog's Name: _____ Age: _____ Breed: _____

CAMP: Besides parent/guardian listed above, who is authorized to pick-up camper? _____

BASKETBALL (GR. K-4 ONLY): One buddy/car pool request per player: _____

SPORTS: T-Shirt Size? Youth Sm Youth Med Youth Lg Adult Sm Adult Med Adult Lg Adult XL Adult 2XL

Waiver

Participant acknowledges that he/she or the parent/guardian has read and understands the information given; certifies that he/she is in good physical condition and is fit to participate in this activity; understands that aquatic/recreational activities have categories of inherent risk and that accidents can occur; and that he/she must always be alert for dangers to themselves and to other participants. Participants may be photographed or videotaped by staff for future promotional use. For camps, my child has permission to ride the bus to attend offsite trips and to be transported to an indoor location in case of inclement weather. My child may receive first aid and/or be treated by the Camp nurse or other trained staff when necessary. Participant must sign below; if participant is under 18 years of age, a parent/guardian signature is required.

Participant or Parent/Guardian Signature _____

Date _____

Payment

Cash Check payable to Cheshire Parks & Recreation

Credit Card



Card Number _____ Exp. Date _____ Amt. Paid _____

Signature for Credit Card Authorization _____

Date _____