



**CITY OF GROTON
PARKS AND RECREATION DEPARTMENT
PROGRAM REGISTRATION FORM**

Name / Parent or Guardian _____ Email _____

Street Address _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____

Emergency Contact _____ Phone # _____

(Someone other than parent, you will be called first)

PROGRAM	PARTICIPANT'S NAME	DOB	M/F	FEE	GRADE/AGE

Circle one please: T-shirt size: Child's S M L Adult's S M L XL

I do _____ I do not _____ give permission for myself or my family to appear in any media coverage approved by the Department of Parks and Recreation.

Chronic/Recurring illness (diabetes; asthma) _____

Allergies to food/medication: _____

Does your child use an Epi-Pen? _____ Inhaler? _____ Other: _____

Injuries or specific restrictions: _____

Physician's Name and Phone: _____

I hereby understand and agree that the City of Groton Parks & Recreation Department, its employees, volunteers and commissioners will not be held liable for any accident or injury incurred by participants while traveling to and from or participating in the above mentioned trips or activities.

Individuals with disabilities who require accommodation to participate in a program should request accommodation from the Parks & Recreation Department at or before registration. Documentation supporting the need and the extent of the accommodation may be required.

Signature

Printed Name

Date

For more information call Parks & Recreation Office at 446-4128

Make checks payable to: **City of Groton**

Mail to: City of Groton, Parks & Recreation, 295 Meridian Street, Groton, CT 06340