



**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

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.

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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.

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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

How did you hear about this program/Event? \_\_\_\_\_ Brochure \_\_\_\_\_ Social Media \_\_\_\_\_ Website  
 \_\_\_\_\_ Other (please specify) \_\_\_\_\_