

Activity Registration Form

PLEASE CHECK REGISTRATION DATES. PLEASE PRINT CLEARLY!

MAIL TO: Mansfield Parks & Recreation Department
10 South Eagleville Road, Storrs/Mansfield CT 06268

***For security reasons, we are no longer accepting faxed registrations.**

Primary Household Contact/Parent/Guardian

Secondary Contact (include address if different)

Name:		Name:	
Address:		Address:	
Town:	Zip:	Town:	Zip:
Phone: (H)	(W)	Phone: (H)	(W)
(Cell)		(Cell)	
Email Address:		Email Address:	

LOCAL Emergency Contact (Other than parent/guardian, i.e. grandparent, neighbor, etc.)

Name:	Phone:
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Activity#/Letters	Activity Name	Participant's Last Name	First Name	Birth Date	Gender	Fee
Contribution to Scholarship Fund (see page 55)						

Please check here if you have purchased a Community Center Membership.

Some Mansfield residents may be eligible for low-income fee reductions. Check with the Parks & Recreation Office for more information and an application.

Also fill details below for each participant:

	Grade Entering	School	Physician	Allergies, Special Asst., Meds, Other Info:
1.				
2.				
3.				
4.				

PAYMENT INFORMATION: Please make checks payable to: Town of Mansfield

Payment Method: Check _____ Cash (in office only) _____ AMEX/DS/MC/Visa (in office only) _____

(Separate checks required for each program)

Credit Cards accepted on line and in person only!

WAIVER OF PARTICIPANT BY PARENT OR SELF: I hereby agree to release, discharge, and hold harmless the Town of Mansfield, its directors, officers, employees, agents, contractors, and/or volunteers from any and all liability that may occur during either my participation or the participation of my minor child in the above listed recreational activities. I understand that participation in any recreational or sport activity involves risk, and I grant permission to the Town of Mansfield to utilize any medical emergency services it deems necessary to treat any injuries that I may or my minor child may incur. I further understand that the Town of Mansfield does not provide insurance for recreational program participants. **PHOTO RELEASE:** I understand that for promotional purposes the Town videotapes and/or takes photographs of participants enrolled in recreational activities, classes or programs. I hereby release and permit the Town of Mansfield to utilize for said promotional purposes any photographs and/or videotapes of me or my minor child engages in the above listed recreational activities.

Signature: _____

Date: _____