

# Activity Registration Form

**PLEASE CHECK REGISTRATION DATES. PLEASE PRINT CLEARLY!**

Online Registration is available.

Go to [www.mansfieldcc.com](http://www.mansfieldcc.com) and click on the on-line registration link.

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

PRIMARY HOUSEHOLD CONTACT (PARENT/GUARDIAN)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE:(H) \_\_\_\_\_ (W) \_\_\_\_\_

(CELL) \_\_\_\_\_

EMAIL: \_\_\_\_\_

SECONDARY HOUSEHOLD CONTACT (PARENT/GUARDIAN)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE:(H) \_\_\_\_\_ (W) \_\_\_\_\_

(CELL) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please check here if any of the above information is new.

**LOCAL EMERGENCY CONTACT** (OTHER THAN PARENT/GUARDIAN, I.E. GRANDPARENT, NEIGHBOR, ETC.)

NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

ACTIVITY# / LETTERS	ACTIVITY NAME	PARTICIPANT'S LAST NAME	FIRST NAME	BIRTH DATE	GENDER	FEE

CONTRIBUTION TO SCHOLARSHIP FUND (SEE PAGE 61)

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

FILL DETAILS BELOW FOR EACH PARTICIPANT:

SOME MANSFIELD RESIDENTS MAY BE ELIGIBLE FOR LOW-INCOME FEE REDUCTIONS. CHECK WITH THE PARKS & RECREATION OFFICE FOR MORE INFORMATION AND AN APPLICATION.

GRADE	SCHOOL	ALLERGIES, SPECIAL ASST., MEDS, OTHER INFO

**PAYMENT INFORMATION:**

PLEASE MAKE CHECKS PAYABLE TO: *Town of Mansfield*  
(SEPARATE CHECKS REQUIRED FOR EACH PROGRAM)

**PAYMENT METHOD:**

- \_\_\_\_\_ CHECK
- \_\_\_\_\_ CASH (IN OFFICE ONLY)
- \_\_\_\_\_ AMEX/DS/MC/VISA (IN OFFICE ONLY)
- CREDIT CARDS ACCEPTED ONLINE 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 sport or 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 engaging in the above listed recreational activities.

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