

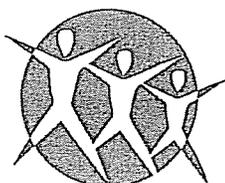
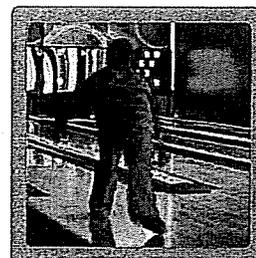
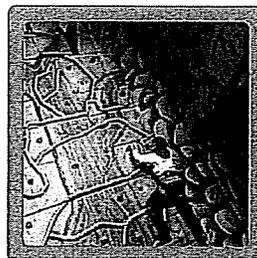
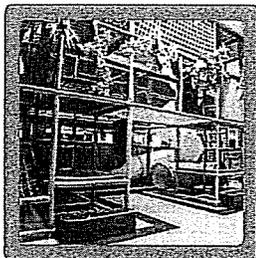
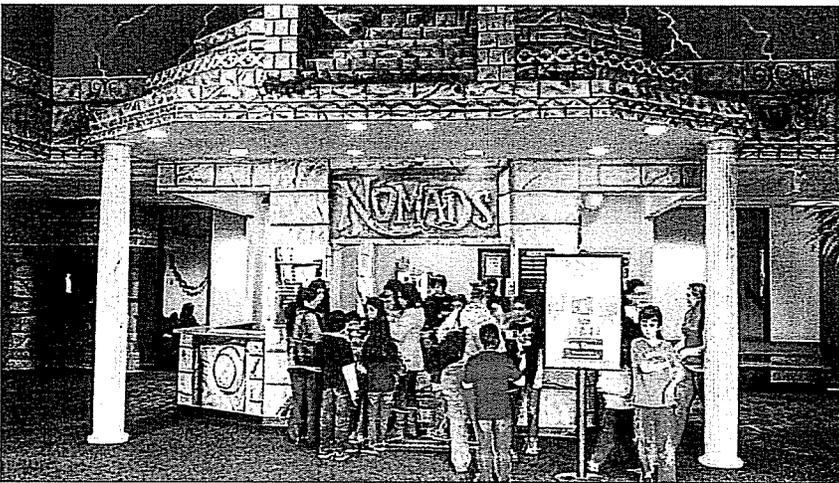
Recreation Rescue

Date: 10/11/16 Time: 7:30am-5:30pm

Location: Mansfield Middle School

Fee: \$47 residents \$57 non-residents

No School, No Problem! Come join us on Tuesday, October 11, 2016. Pick up and drop off is at the Mansfield Middle School, 205 Spring Hill Road. Please pack a lunch and a snack that does not require refrigeration. Rec Rescues are for children in grades K-8. There is a field trip to Nomads Adventure Quest. At Nomads there is laser tag, bowling, mini golf, jungle gym, bumper cars, rock wall and an arcade. The kids will also participate in a variety of games and arts and craft projects at the school. Pick up and drop off is in the gym and a parent or guardian **MUST** come in to sign their child in and out.



Mansfield
Parks & Recreation
Family, Fitness & Fun!

VISIT WWW.MANSFIELDCC.COM
OR CALL 860.429.3015, EXT. 0
FOR MORE INFORMATION

MANSFIELD COMMUNITY CENTER 10 S. EAGLEVILLE RD, STORRS, CT 06268

ACTIVITY REGISTRATION FORM

PLEASE CHECK REGISTRATION DATES. PLEASE PRINT CLEARLY!

REGISTRATION CAN BE DONE
ONLINE AT: MANSFIELDCC.COM

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

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	Sex	Fee
Contribution to Scholarship Fund						
TOTAL:						

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 (if child)	School (if child)	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 PAYMENTS ACCEPTED ONLINE OR IN-PERSON ONLY

Signature _____

Date _____

WAIVER OF PARTICIPANT BY PARENT OR SFLF: 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 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 recreation 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 _____