

Activity Registration Form

PLEASE CHECK REGISTRATION DATES. PLEASE PRINT CLEARLY!

Online Registration is available.

Go to 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: _____