

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)		Secondary Household Contact (Parent/Guardian)	
Name:		Name:	
Address:			
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 58)						

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	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 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: \_\_\_\_\_

**Mansfield Parks & Recreation  
10 South Eagleville Road  
Storrs/Mansfield, CT 06268**

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