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. If registering for camp, please fillout the additional camp form for ALL camps.

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 _____

○ ***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 entering	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: _____