



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 also fill out the additional camp form for ALL camps.

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

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

Primary Household Contact (Parent/Guardian)		Secondary Household Contact (Parent/Guardian)	
Name:		Name:	
Address:			
Town:	Zip:		
Phone: (H)	(W)	Phone: (H)	(W)
(Cell)	Cell Provider:	(Cell)	Cell Provider:
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						

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/MCC

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 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: _____



Town of Mansfield
Parks and Recreation
Department



MANSFIELD
COMMUNITY CENTER
Family, Fitness & Fun!

REV. (6/15/20)

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Town of Mansfield Parks and Recreation Department programs, related events, activities, and facilities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes inherent risks, including but not limited to possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules, guidelines and personal discipline may reduce this risk, the risk of serious illness, injury and death does exist; and as such,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility and liability for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I agree to immediately inform the program/facility if the participant and/or any other person living with the participant has been informed that he/she has been tested positive or exposed to any such pathogen; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, do HEREBY RELEASE AND HOLD HARMLESS the Town of Mansfield their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, claim or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____ Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____ Date signed: _____