

New Britain Parks and Recreation Department  
 27 West Main Street, Room 302  
 New Britain, CT 06051

# ACTIVITY REGISTRATION FORM

**OFFICE USE ONLY**  
 Init. \_\_\_\_\_  
 Date \_\_\_\_\_  
 Cash, Check or CC  
 Check # \_\_\_\_\_  
 Amount \$ \_\_\_\_\_

## PARTICIPANT INFORMATION

PARTICIPANT'S NAME: \_\_\_\_\_ TOTAL FEE ENCLOSED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ GENDER (CIRCLE ONE): \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

ACTIVITY NAME: \_\_\_\_\_ ACTIVITY NUMBER: \_\_\_\_\_ SESSION NUMBER: \_\_\_\_\_

**GUARDIAN INFORMATION (IF UNDER 18)**

GUARDIAN NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

I, the undersigned, being desirous of participating in the above designated the event/program being sponsored by the Department of Parks and Recreation of the City of New Britain, do state and agree to the following terms and conditions of participants:

- I agree and understand the nature and risks associated with this activity, including the risks of suffering personal injury and/or property damage during the course of the event/program.
- I understand this event/program is a non-profit recreational event and agree to waive on my behalf, or the behalf of the participant, and claim I and/or the participant may have against the City, any agent or employee of the City, any sponsor of the event/program, or any volunteer assisting in the event/program as a condition of my participation.
- If the participant in the event/program is a minor (under the age of eighteen (18) years old), I represent that I am the parent or legal guardian to consent to such minor's participation in this event/program.
- I give permission to the New Britain Parks & Recreation Dept. to photograph and video tape myself and my heirs.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

YES  NO DO YOU/YOUR CHILD HAVE SPECIAL NEEDS? IF YES, GUARDIAN IS RESPONSIBLE FOR COMPLETING **HEALTH FORM A** AND ATTACHING IT TO THIS APPLICATION.

## SECOND CONTACT IN CASE OF EMERGENCY INFORMATION

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

IN ORDER TO BETTER SERVE YOU, THE FOLLOWING INFORMATION IS NEEDED

DO YOU/YOUR CHILD SPEAK ENGLISH? (CIRCLE ONE) YES NO

IF NOT WHAT IS YOUR CHILD'S PREDOMINANT LANGUAGE? \_\_\_\_\_

ARE SPECIAL ACCOMMODATIONS NECESSARY FOR YOU/YOUR CHILD TO

PARTICIPATE IN ACTIVITIES? (CIRCLE ONE) YES NO

DO YOU/YOUR CHILD HAVE SPECIAL NEEDS (CIRCLE ONE) ?

YES\* NO

\*IF YES, PLEASE SEE BOX TO THE RIGHT.

\*IF YES, GUARDIAN IS RESPONSIBLE FOR COMPLETING **HEALTH FORM A** AND ATTACHING IT TO THIS APPLICATION.

SPECIAL NEEDS MAY INCLUDE THE FOLLOWING: (PLEASE CHECK APPROPRIATE BOX OR BOXES)

- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactive Disorder (ADHD)
- Hearing Impairment
- Mental Retardation
- Social/Emotional Maladjustment (SEM)
- Autism
- Allergies
- Learning Disability (LD)
- Requires Medication
- Visual Impairment
- Other Please Specify \_\_\_\_\_