



Youth Program Registration Form

Return completed form and fee payable to:
Stonington Community Center, Inc. 28 Cutler Street, Stonington, CT 06378

Child's Name: _____ Primary Phone: _____

Address: _____ City _____ State _____ Zip _____

Birthday _____ Gender _____ Grade _____ School: _____

Program _____ Dates _____ Times _____

Program _____ Dates _____ Times _____

Program _____ Dates _____ Times _____

Parent(s)/Guardian(s) Info:

Name _____ Cell Phone _____

Workplace: _____ Work Phone _____

Name _____ Cell Phone _____

Workplace: _____ Work Phone _____

Email* _____

*Please note program communication will occur through email. This will also enroll you in our electronic newsletter, which you may subsequently opt out of receiving.

Emergency Contact (other than parents or doctor): _____ Phone _____

List all persons, other than parents listed above authorized to pick up child:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship to Child</u>
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____

Health Insurance: Yes _____ No _____ Plan: _____

Child's Physician: _____ Phone: _____

Please identify any allergies, medical, behavioral or developmental issues for your child: _____

Does your child require an aide at school? _____

You will NOT be notified of enrollment unless difficulty is encountered. Please keep a record of dates and times of programs.

RELEASE WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT/PHOTO RELEASE

This is to certify that I have read and understand this waiver and hold harmless agreement and release of liability and consent and agree to the release set forth. I hereby release and hold harmless the Stonington Community Center and its agents, volunteers, employees and Board of Governors from any and all claims of negligence, injury or illness or demands from anyone arising from said participants in programming. I hereby give permission for any images captured by photo or video during all COMO activities to be used in promotional publications for the Stonington Community Center, Inc. and waive any rights of compensation or ownership thereto.

Signed _____ Date _____

CANCELLATION POLICY

COMO Credit will be granted in full if notification is given 2 weeks prior to the program start date.

A full refund will be granted if the program is cancelled due to low enrollment.

For office use only	Amount Received		Receipt Number	
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