

Program Registration Form

Please print clearly. This form may be duplicated or printed from the web site (www.rhparkrec.org).

Last Name: _____ Adult First Name: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Resident Status: If you are a resident of Rocky Hill, you must file a yearly* "Proof of Residence."
 Check One: Already On File Enclosed
 * Swim lessons require new "Proof of Residence"

Participant	Birth Date <small>(if under 18)</small>	Grade <small>(if appl.)</small>	Sex	Program Name	Session/ Dates	Program Cost	Office Use Only
Total:							

When registering for Summerscape or Fall Soccer, please list child's Grade for next fall.

***If registering for Summerscape, please refer to the Parent Camper Information packet for all required forms.**

Emergency Contact Information

Name: _____ Phone: _____

Medical Information/Special Needs

If program lasts longer than one hour, without parental supervision, you must complete the expanded medical form on the reverse side of this form for each participant. Otherwise, please describe here any special circumstances program supervisors should be aware of (e.g. allergies, medications, etc.), or special accommodations you require in order to participate:

Liability Release Form

I am aware of the nature of this activity and I hereby assume responsibility for myself and/or my child (above), and/or his or her representatives to participate. I will not hold the Town of Rocky Hill, the Department of Parks and Recreation, and/or its employees or agents responsible in case, of any accident or injury as a result of this participation. I hereby further agree to indemnify and save harmless the Town of Rocky Hill, a municipal corporation of the State of Connecticut, from and against any and all loss, damage, claim, demand, liability or expense by reason of any damage or injury to property or person which may be claimed to have arisen as a result of or in connection with participation in this Parks and Recreation activity.

 Parent/Participant Signature

 Date

Payment Information - No registration will be completed or held without total payment and all information.

Check Enclosed - Check #: _____ All Checks must be made payable to: "Town of Rocky Hill"

Credit Card - Check One: Visa Mastercard

CC#: _____

Exp. Date: _____

Name on Card: _____ Signature: _____

Return this completed form to: Rocky Hill Parks & Recreation, 761 Old Main St, Rocky Hill, CT 06067
 or fax to: 860-258-7666