

**KENT PARK AND RECREATION COMMISSION  
PROGRAM REGISTRATION FORM**

ACTIVITY \_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street and/or P.O. Box Town Zip

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT (OTHER THAN PARENT) \_\_\_\_\_

CONTACT'S PHONE \_\_\_\_\_

NOTE ANY MEDICAL/PHYSICAL CONDITION(S) COACH SHOULD BE AWARE OF:

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**MEDICAL AUTHORIZATION**

I am the parent/guardian of the above child, a minor. During the time that the minor is engaged in any activity of the Kent Park and Recreation Commission, I authorize such emergency medical care as may be necessary for the minor.

Preferred Hospital \_\_\_\_\_

**PHOTO RELEASE**

I give permission for my child's picture to appear on the Kent CT Park and Recreation website while engaged in Kent Park and Recreation \_\_\_ yes \_\_\_ no

\_\_\_\_\_  
Parent/Guardian signature Date

How are you willing to help? coach \_\_\_\_\_ assistant coach \_\_\_\_\_ team parent \_\_\_\_\_

I am available (circle all that apply) M T W R F S

[The Town of Kent, Kent Park and Recreation Commission will charge a \$30 fee for any checks returned by the participant's bank. Thank you.]

**PLEASE COMPLETE WAIVER FORM ON BACK SIDE**

\*\*\*\*\* for office use only\*\*\*\*\*  
Cash \_\_\_\_\_ Check \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Rec'd by \_\_\_\_\_

