

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

ACTIVITY: ***YOUTH HENNA WORKSHOP***

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:

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

RETURN FORM TO PARK AND RECREATION, P.O. BOX 678, KENT, CT 06757

[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 _____

