

**KENT PARK AND RECREATION  
AFTER-SCHOOL PROGRAM  
2018-2019 REGISTRATION FORM**

CHILD'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GRADE IN 9/18 \_\_\_\_\_

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

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

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

CELL PHONE \_\_\_\_\_

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

Please circle the day(s) your child will regularly attend the After-School Program:

MON TUES WED THUR FRI DROP-IN PARTICIPATION

**MEDICAL AUTHORIZATION**

I am the parent/guardian of 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.

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's After-School Program \_\_\_yes \_\_\_ no

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE AND SIGN THE ATTACHED WAIVER/LIABILITY RELEASE**

**Town of Kent Waiver, Hold Harmless Agreement and Release of Liability**

In consideration for the privilege of participating in Kent Park and Recreation’s After-School Program at the Kent Center School, the undersigned hereby agrees that:

1. I understand that there are inherent risks involved in Kent Park and Recreation’s After-School Program, including the risk of serious physical injury or death. I fully assume all risks associated with Kent Park and Recreation’s After-School Program even if due to the negligence of The Town of Kent, and its agents, servants or employees, including but not limited to:

I, for myself and for my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless The Town of Kent, its agents, servants or employees from any and all claims, suits or demands by anyone arising from my use of the Town of Kent facilities and equipment including claims of negligence on the part of The Town of Kent and its agents, servants, or employees.

2. I, for myself and for my heirs, assigns, successors, executors, administrators, and legal representatives, hereby release and agree that I will not sue The Town of Kent and its agents, servants or employees for money damages for personal injury sustained by me while using the Town of Kent facilities and equipment even if due to the negligence of The Town of Kent and its agents, servants or employees.

I have read this waiver, hold harmless agreement and release of liability and fully understand its terms. I further understand that by signing this agreement that I am giving up substantial legal rights. I have not been induced to sign this agreement by any promise or representation, and I sign it voluntarily and of my own free will.

---

Participant’s signature	Participant’s printed name	Date
-------------------------	----------------------------	------

**Consent of Parent or Guardian**

This is to certify that I, as parent or guardian with legal responsibility for this participant, do hereby consent and agree to his or her release as set forth above, and for myself, my heirs, assigns, successors, executors, administrator and legal representatives, agree to defend, indemnify and hold harmless The Town of Kent and its agents, servants or employees from any and all claims, suits or demands by anyone arising from said participant’s use of the Town of Kent facilities and equipment, including claims of negligence on the part of The Town of Kent, and its agents, servants or employees.

---

Parent/Guardian’s signature	Parent/Guardian’s printed name	Date
-----------------------------	--------------------------------	------

**KENT PARK AND RECREATION  
2018-2019 AFTER-SCHOOL PROGRAM  
EMERGENCY FORM**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please describe any **HEALTH PROBLEMS** that would be relevant to emergency treatment of this child (i.e. allergies, medical conditions or illnesses and medications):

\_\_\_\_\_

Describe any **MEDICAL RESTRICTIONS** on this child's physical activity:

\_\_\_\_\_

Describe any **DIETARY RESTRICTIONS** or **FOOD ALLERGIES**:

\_\_\_\_\_

**EMERGENCY CONTACTS (other than parent, you must include at least one local number)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PERSON(S) OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP CHILD:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_