

**BETHEL PARKS AND RECREATION**

1 SCHOOL STREET, BETHEL CT 06801  
 PHONE: 203-794-8531 FAX: 203-778-7519

**FAMILY PROGRAM REGISTRATION FORM  
 SPRING**

<b>Parent/Guardian Name:</b>		<b>Phone - Home:</b>	
<b>Address:</b>		<b>Cell:</b>	<b>Work:</b>
<b>Town:</b>	<b>Zip Code:</b>	<b>e-mail:</b>	
<b>Emergency Contact &amp; Phone#:</b>			

Office use only    Paid \_\_\_\_\_ Ck# \_\_\_\_\_ Entered \_\_\_\_\_

<b>Participant's Name</b>	<b>Grade</b>	<b>Birth Date</b>	<b>Male/ Female</b>	<b>Age</b>	<b>Program #</b>	<b>Program Name</b>	<b>Fee:</b>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
<b>Allergies/Medications/Other info:</b>						<b>Non-Resident Fee \$15.00 per program:</b>	
						<b>Late Fee \$10.00 per program:</b>	
						<b>Total Due:</b>	

**Make checks payable to Bethel Parks & Rec.**

**Waiver Agreement:** I am fully aware of the risk inherent and hereby give the above named applicant my consent to participate in the program(s) listed above, and agree to hold harmless the Bethel Parks and Recreation Department, its employees, elected officials, or any volunteers or instructors from any and all liability from any injury, claims costs or loss of services which might be incurred by participation in said programs, activities, or events. Permission is hereby granted for any child/participant to receive emergency treatment, if needed and I authorize the attending physician to administer any necessary medical attention. Furthermore, I certify that my child/participant is in excellent health and that there are no limitations to his/her participation except as stated in writing above. I have read this document carefully and signed it voluntarily with full knowledge of its significance.

**Participant/Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Suggestions/Comments:** \_\_\_\_\_

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