

Watertown Parks & Recreation Department

Registration Form

Participants Name: _____

Parent/Guardians Name if Participant is U18 Years of Age: _____ D.O.B _____

Primary Address: _____

Secondary Address: _____

Town: _____ State: _____ Zip: _____

Resident of Watertown-Oakville: Yes _____ No _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Emergency Contact Name: _____ Relationship to Participant: _____

Emergency Contact Numbers: _____

Email Address: _____

Grade (*Currently in/or going into*): _____ School (*currently in/or going into*): _____

Circle One

Circle One

Allergies/Special Needs: _____

Is There Anything Else We Should Be Aware Of? _____

Date of Birth: _____ - _____ - _____ Age: _____ Sex: M F

Program Code:	Program:	Fees:	Session #:	Location:

ACKNOWLEDGEMENT AND WAIVER

You are required to read the following information very carefully and make sure that you understand it fully and sign it before participating in this program. I am fully aware that the activity and program I am choosing to participate in may result in risk of injury or harm. On my own behalf, and on behalf of my own personal representatives and heirs, successors and assigns, I hereby release, indemnify and save harmless the Town of Watertown, its officers, employees, designees, consultants, agents, and directors (hereinafter representatives) from all claims and liability of whatever nature arising from any act, omission, negligence or otherwise of the Town of Watertown or its representatives, including any injury to any person or any property of any person. This indemnification and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorney's fees and court costs), expenses and liabilities incurred in, or in connection with, any such claim or proceeding brought thereon and in defense thereof. Note: Signing this form also acts as a permission slip for all field trips and gives permission for my/my child's likeness to be used in promotional and newspaper press releases and photos. I have read and understood this release, indemnification and hold harmless form. I have been given the opportunity to ask questions. I voluntarily sign it and hereby give permission for the Town of Watertown staff to administer basic first aid and or seek appropriate medical assistance for the participant listed below. I have read and understood this release, indemnification and hold harmless form. I have been given the opportunity to ask questions. I voluntarily sign it and hereby give permission to the Town of Watertown staff to administer basic first aid and or seek appropriate medical assistance for the participant listed below. Per Connecticut General Statute 19a- 77 we are required to disclose that our programs are not licensed by the State Office of Early Childhood.

I have read the above "Acknowledgement and Waiver"—Initial here _____

Sign Here: _____ DATE: _____

Children Under the Age of 18 MUST Have Parent or Guardians Signature

For Office Use Only - Please Do Not Fill Out Below – For Office Use Only – Thank You!

Method of Payment: Cash _____ Check # _____ Credit/Debit Card _____ MC DISCOVER AMEX VISA

Today's Date: _____ Amount of Payment \$ _____ Staff Initials _____