

On-line registration: [www.darienct.gov/yc](http://www.darienct.gov/yc)

**MAIL-IN REGISTRATION FORM**

**DARIEN YOUTH COMMISSION - 2021/22 6<sup>TH</sup> GRADE TOPS (Teen Options)**

**STUDENTS WISHING TO ATTEND ANY OF THESE EVENTS MUST BE REGISTERED MEMBERS OF TOPS PRIOR TO ATTENDING. REGISTRATION BEGINS 8/23/21**

|                    |                          |         |             |                        |
|--------------------|--------------------------|---------|-------------|------------------------|
| October 1          | BOWLING PARTY            | \$25.00 | 3:30 - 5:00 | Bowlmor Lanes, Norwalk |
| November 1         | SKYZONE TRAMPOLINE PARK  | \$25.00 | 6:00 - 8:00 | Skyzone, Norwalk       |
| March 4 <b>NEW</b> | MINI GOLF AT THE LIBRARY | \$10.00 | 6:00 - 7:30 | Darien Library         |
| March 25           | CLASH BASH PARTY         | \$10.00 | 7:30 - 9:00 | Town Hall Gym          |
| May 6              | HINDLEY FAIR NIGHT       | \$20.00 | 5:00 - 6:30 | Hindley School         |

For the 2021/22TOPS year, we will only be offering pay-per-event option.  
THE TOPS PROGRAM IS FOLLOWING THE DARIEN PUBLIC SCHOOLS  
AND/OR TOWN OF DARIEN HEALTH DEPARTMENT MASKING GUIDELINES.

**PLEASE COMPLETE ALL PORTIONS OF REGISTRATION BELOW**

NAME \_\_\_\_\_ M/F \_\_\_\_\_

ADDRESS \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_

DOB \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

PARENT NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT E-MAIL \_\_\_\_\_

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EMERGENCY NAME & PHONE NUMBER \_\_\_\_\_

**(Non-parent who is available during TOPS events)**

**HOLD HARMLESS & CONSENT FOR MEDICAL TREATMENT**

1. I grant permission for \_\_\_\_\_ to participate in all TOPS (Teen Options) programs. Please list any allergies and/or medical conditions your child has of which we should be aware. \_\_\_\_\_
2. Does medication need to be administered during TOPS events? \_\_\_\_\_yes \_\_\_\_\_no
3. In the event of injury or illness of \_\_\_\_\_and I or another parent, guardian or emergency contact cannot be contacted by reasonable & expeditious means, I hereby consent to any emergency medical treatment necessary to be administered by a licensed medical professional or facility.
4. In consideration for the privilege of participating in the Youth Commission's TOPS program, this is to certify that I, as a parent or guardian with legal responsibility for \_\_\_\_\_, do hereby consent and agree to hold the Town of Darien, its agents, employees and volunteers harmless from any and all claims for personal injury, bodily injury, illness and property damage arising from participation in the Youth Commission's TOPS program.

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

**QUESTIONS: 203-656-7388**