

On-line registration: www.darienct.gov/yc

MAIL-IN REGISTRATION FORM

DARIEN YOUTH COMMISSION - 2022/23 7TH GRADE TOPS (Teen Options)

STUDENTS WISHING TO ATTEND ANY OF THESE EVENTS MUST BE REGISTERED MEMBERS OF TOPS PRIOR TO ATTENDING. REGISTRATION BEGINS 8/22/22

November 7	SKYZONE TRAMPOLINE PARK	\$25.00	6:00 - 7:30	Skyzone, Norwalk
January 20	BOWLING PARTY	\$25.00	3:30 - 5:00	Bowlmor Lanes, Norwalk
March 3	EVENING AT CHELSEA PIERS	\$25.00	7:00 - 8:30	Chelsea Piers, Stamford
April 21	SPRING FLING DANCE	\$10.00	7:30 - 9:00	Town Hall Gym
May 12	HINDLEY FAIR NIGHT	\$20.00	7:30 - 9:00	Hindley School

PLEASE NOTE IT IS FREE TO REGISTER FOR TOPS BUT THERE ARE COST-COVERING FEES ASSOCIATED WITH EACH EVENT. 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 _____

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