

PARKS & RECREATION PROGRAM REGISTRATION FORM

(Please Print and Fill Out Completely)

Resident Registration begins
Tuesday, August 30th

Please fill out the Registration Form completely. All pertinent information is needed to register. Forms that are not properly filled out will be returned. Mail in or Drop off the Registration Form with payment in full to the Darien Parks and Recreation Department. Checks should be made out to the *Town of Darien*.

Registration Forms and Payment mailed to:
(Mailing in form does not guarantee enrollment)

Darien Parks and Recreation Department
Town Hall, 2 Renshaw Road
Darien, CT 06820

Parent Last _____ Parent First _____

Street # _____ Street Name _____ City _____

State _____ Zip _____ Home # _____ Cell # _____ Email _____

Participant Name	M/F	Birth Date	Age	Grade	Course #	Program Name (note fall/winter)	Time/Day	Fee
Total Fee							\$	

Emergency Contact _____ Relation _____ Phone _____
(Someone other than the parent/guardian)

Allergies/Medications _____

Please advise us of any special needs of program participants: _____

Other Information/Comments _____

Waiver of Town Liability: I understand that injuries are inherent with recreational activity. In the event that an injury occurs to myself or family members, I agree to hold the Darien Park and Recreation Department, Darien Park and Recreation Commission, and any other person or contractor connected therewith the Town of Darien, harmless from all claims for personal injury, bodily injury and property damage arising from the use of Town facilities, participation in Town activities, programs and trips or use of Town equipment during the course of a Town of Darien sponsored activity.

Photo Policy: By registering for a program, you give the Darien Parks and Recreation Department permission to take and publish photos of you/your child participating in the program. If you do not wish to be photographed, you must include this request in writing along with your registration.

Parent/Guardian Signature _____ Date _____

For Office Use Only

Total Fee _____ Check # _____ Cash _____ Visa _____ MC _____ Staff Initials _____ Date _____