

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

Family pin # & client barcode needed for online registration.

Call 203-656-7388 during normal business hours if those numbers are needed.

OR

MAIL-IN REGISTRATION FORM

DARIEN YOUTH COMMISSION - 2016-17 6TH GRADE TOPS (Teen Options)

STUDENTS WISHING TO ATTEND ANY OF THESE EVENTS MUST BE REGISTERED MEMBERS OF TOPS PRIOR TO ATTENDING. REGISTRATION BEGINS 8/22/16

| | | | | |
|-------------|--------------------|---------|-------------|------------------------|
| October 21 | MY THREE SONS | \$15.00 | 6:30 - 8:30 | My Three Sons, Norwalk |
| January 20 | GYM & SWIM | \$10.00 | 7:30 - 9:00 | Darien YMCA |
| February 24 | BOWLING PARTY | \$15.00 | 3:30 - 5:00 | Bowlmor Lanes, Norwalk |
| April 21 | CLASH BASH PARTY | \$10.00 | 7:30 - 9:00 | Town Hall Gym |
| May 12 | HINDLEY FAIR NIGHT | \$20.00 | 5:00 - 6:30 | Hindley School |

PAYMENT OPTION: (Please check one)

Advance Payment - Discounted price of \$60.00 payable to Town of Darien (send to DYC-2 Renshaw Rd.)

Pay per event (form to be dropped by 9/23/16 at MMS or sent to DYC - 2 Renshaw Rd.)

PLEASE COMPLETE ALL PORTIONS OF REGISTRATION BELOW

NAME _____ M/F _____

ADDRESS _____ PRIMARY PHONE _____

DOB _____ GRADE _____ SCHOOL _____

PARENTS' 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 _____