

NEW LONDON PARKS AND RECREATION

REGISTRATION FORM MAKE CHECKS PAYABLE TO: NEW LONDON PARK AND REC

FAMILY LAST NAME _____

ADDRESS _____

CITY _____ ZIP _____

PHONE: (Home) _____ (Daytime) _____

PARENT/GUARDIAN _____

| PARTICIPANT'S NAME | AGE | PROGRAM / DAY / TIME/SESSION | FEE |
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LIABILITY INFORMATION: You should be aware that Parks & Recreation programs involve an element of risk or danger for all participants and may cause serious injury, death or property loss. The New London Parks and Recreation Department does not provide nor cover any medical or hospital insurance for participants in our programs. All persons participating in N.L.P.R.D. activities must provide their own insurance and assume risk of all injuries. I hereby give consent to receive medical treatment and also agree to indemnify and hold harmless the City of New London, its employees and agents from any and all losses, claims, costs, expenses and/or judgments rising in any manner from the participation in any New London Parks and Recreation Program.

NOTE: IN CASE OF AN ACCIDENT/ILLNESS, LIST PARTICIPANTS NAME AND ANY CONDITIONS WHICH MEDICAL PERSONNEL MUST KNOW IN ORDER TO RENDER EMERGENCY TREATMENT:

ADULT SIGNATURE _____ DATE _____

I have read & understand the liability information listed above.

Office Use Only:

Date: _____ Amount: _____ Receipt#: _____ Initials: _____