



**Mask Making w/ P.L.A.C.E. at 60 Putnam Ave. The Youth Center**

**Please return this completed form to Hamden Youth Service Bureau 11 Pine Street (Keefe Community Center) Hamden, CT 06514. For additional information please call 203 777-2610 and ask for Susan or Beth.**

**REGISTRATION FORM Oct. 25 and 27, 2010**

Date \_\_\_\_\_

Participant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Name of school currently attending \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Contact**

Name, addresses and phone of persons who can assume responsibility of the child if parents cannot be reached immediately and are authorized to take the child from facility:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (C) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (C) \_\_\_\_\_

**Physician to be called** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Hospital to be called** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Please list any major health problems, allergies, diet, medications, other:** \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ do hereby give my permission for my child/dependent named above to participate in the program taking place at **The Youth Center 60 Putnam Ave.** I, for myself, my spouse, my child/dependent and on behalf of my heirs, assigns and next of kin assume all risks and hazards incidental to the conduct of the activity; agree to hold the Town of Hamden, its officers, officials, employees, agents and servants harmless and to waive all rights or claims for liability, damages or benefits of any nature, whether legal or equitable against the Town of Hamden and its officers, officials, employees, agents and servants, in the event of any injury, accident, natural causes or any other illness as a result of his/her participation in the program. I also grant permission for medical treatment and if necessary hospitalization by ambulance transport.

I understand that photographs and names may be used for displays, on Town of Hamden website, P.L.A.C.E. website, or in articles in local newspapers. Please circle.

I, \_\_\_\_\_, parent/guardian do / do not give permission to photograph my child.

I, \_\_\_\_\_, parent/guardian do / do not give permission to use my child's name.

**Signature of parent/ guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_