



REGISTRATION FORM FOR HAMDEN YOUTH CENTER-Grades 7-12

April 2016 RECESS WEEK

60 Putnam Ave. - Board of Education Building - Back Entrance

Monday, April 18th, Tuesday, April 19th, Wednesday, April 20th, Thursday, April 21st, Friday, April 22nd.

Please check off which day/days your child will attend:

4/18/16 \_\_\_ 4/19/16 \_\_\_ 4/20/16 \_\_\_ 4/21/16 \_\_\_ 4/22/16 \_\_\_

Participant (Child) Name \_\_\_\_\_

E-Mail \_\_\_\_\_

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

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

E-Mail \_\_\_\_\_

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. 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, it's 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 it's 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, 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.

I, \_\_\_\_\_, parent/guardian do / do not give permission for my child to be

transported to and from events and tournaments through the program.

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

Date registered \_\_\_\_\_ Staff Signature \_\_\_\_\_ Paid \_\_\_\_\_ Receipt # \_\_\_\_\_