Town of Westport
Parks & Recreation
Westportrecreation.com

Program Registration Form 2008

NAME OF PARTICIPANT	DATE OF BIRTH	M/F	SCHOOL	GRADE IN SEPT. 08

Contact Information for Participant or Parent/Guardian if participant is under age 18

Last Name, First Name:	
Address:	
Town/City:	
Home Phone:	**Work Phone:**
Home or Work Email Address:	
Cell Phone:	

Emergency Contact

1st Contact Name:	
Relationship:	**Phone No:**
2nd Contact Name:	
Relationship:	**Phone No:**

ACTIVITY REGISTRATION INFORMATION (*There Is An Additional $20.00 Youth Fee and $35 Adult Fee Per Activity For Non-Residents*)

Program Name	Program Code	Program Fee	Alternate Program	Office Use Only

☐ If the participant is an individual who has special accommodation requests or information that will be helpful to the instructor/leader, please check the box. You be asked to fill out an additional **Accommodation Form** and the Adaptive Recreation Coordinator will contact you.

Please list any allergies, medications or special health considerations we should be aware of:

TOTAL PAYMENT DUE: _____Cash _____ Check _____ Handpass Number_____

Waiver of Participant by parent or self: In consideration of your accepting my or my child's registration and entry, I hereby for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Town of Westport or the Parks and Recreation Department; and its representatives, successors and assigns, for any and all injuries suffered by myself or my child at the activity sponsored by these groups. I understand there is inherent risk associated with the(se) activity(ies) and authorize emergency medical treatment and transportation in my absence. **PHOTO RELEASE: THE WESTPORT PARKS AND RECREATION DEPARTMENT MAY VIDEOTAPE OR TAKE PHOTOGRAPHS OF PARTICIPANTS ENROLLED IN RECREATION ACTIVITIES, CLASSES OR PROGRAMS. THESE PHOTOS AND/OR VIDEOTAPES MAY BE USED FOR PROMOTIONAL PURPOSES.** If any of the above participants are minors, I certify by my signature that I am the custodial parent or guardian; or I have the expressed authorization of the custodial parent, or guardian to enroll said participant(s) in the specified activities listed.

_____ _____

SIGNATURE OF PARENT/GUARDIAN OR ADULT PARTICIPANT DATE