

STAMFORD RECREATION SERVICES - PROGRAM REGISTRATION

Please print and fill out completely

| | |
|---|--------------------------------------|
| Parent/Guardian Last Name _____ | Parent/ Guardian First Name _____ |
| Address _____ City _____ State _____ Zip _____ | |
| Home Phone _____ Work Phone _____ Cell Phone _____ | |
| Emergency Contact _____ Emergency Phone _____ | |
| Parent's E-Mail Address _____ Allergies/Medications _____ | |
| In order to better serve you and your child, please make us aware of any medical, behavioral or special needs that your child may have: _____ | |
| (Please use back of form as needed) | |

| Name of Participant | M/F | Age | Birth Date | Grade | Program Name | Fee |
|---------------------|-----|-----|------------|-------|--------------|-----|
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| TOTAL | | | | | | |

I would like to make a gift to the Stamford Recreation Scholarship Fund, to provide programs for children whose parents cannot afford them.

Any amount is appreciated. () \$5 () \$10 () \$20 () Other Thank you for your gift !

The undersigned in consideration for participating in the above listed activity sponsored by Stamford Recreation Services Division, City of Stamford, hereby agrees to indemnify and hold the City of Stamford, its officers, agents and employees harmless from any and all liability as a result of being injured while participating in the above activity. The undersigned hereby certifies to the City of Stamford and Recreation Services Division that the participant is in good mental, physical and health condition and is able to participate in this activity. The participant acknowledges that he/she will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury in this activity. I understand and agree that photographs may be taken of me or my child during this program sponsored by Stamford Recreation Services and the City of Stamford. I give my permission to use these photographs for publication in brochures, flyers and other forms of publicity by Stamford Recreation Services and the City of Stamford without remuneration or prior approval by me.

PARENT/GUARDIAN SIGNATURE _____ Date _____

All activity/program fees are non-refundable unless the activity is canceled by the Recreation Services Division. If false information is provided on a registration form, the participant will be dropped from the activity without a refund. Non-residents may register for a program (if space is available) one week prior to the start of the program, with a \$10.00 surcharge added on to the price of the program. Programs are filled on a first come-first served basis. Mail registrations are welcome, but do not guarantee a spot in the program.

Mail to : **Stamford Recreation Services – 888 Washington Blvd, Stamford, CT 06901**

Register in Person **8:30am – 4:00pm Monday to Friday**

Register Online: www.stamfordrecreation.com

Contact us at: 203-977-5214