

# MAIL-IN REGISTRATION FORM

Walk-in Registration given first priority.

Please refer to the program description to be sure that mail-in registration is accepted.



New Milford Parks and Recreation Department  
47 Bridge Street, New Milford, CT 06776



Family Last Name: \_\_\_\_\_ Parent's First Name \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Participant Medical Problems or Allergies, Special Needs or Accommodations: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Please note: non-residents may register for select programs for an additional \$5.00 fee. Non-registrations are due one week prior to the start of the program.

Participant's First Name	Participant's Last Name	Age (Youth Programs Only)	Birthdate	M/F	Program Title	Program Code	Fee
<b>Make checks payable to: The Town of New Milford</b>					<b>Non-resident fee: \$5.00</b>		
					<b>TOTAL \$</b>		

I hereby agree to release, discharge and hold harmless, the town of New Milford, its employees, and volunteers from any liabilities that may occur while participating in the recreation program(s) listed above. I understand that participation in any recreation or sport activity may involve risk, and that the town of New Milford does not provide insurance.

I understand and agree that the New Milford Parks and Recreation Department reserves the right to suspend a child from a Parks and Recreation Department activity if that child displays a serious behavior problem that cannot be effectively managed by the program personnel.

Further, I hereby grant permission to any and all of the foregoing to use my child's photos for this program without compensation for publicity use.

Responsible Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_