

Town of Bethel Dept. of Parks and Recreation
Participant Registration Form

Name of Program: _____

Participant's Name _____

Parent/Guardian Name (if under 18) _____

Mailing Address _____

E-mail _____

Phone Number _____

Date of Birth (21 years and under only) _____

Health Concerns _____

Emergency Contact (Name and Number) _____

*For youth under age 18 the following must be signed by a parent or guardian. Adults 18 and older please read and sign the following: I understand that there is some risk involved in this activity. If medical assistance is needed, I give my permission for first aid to be administered until EMS arrives.

Signature

Date

FOR OFFICE USE ONLY:

Amount Paid _____ Check # _____ or Cash _____