

# TORRINGTON PARKS & RECREATION DEPARTMENT

## REGISTRATION FORM

( Please Print )

\*Required

Participant's Name\*: \_\_\_\_\_ M/ F: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB\*: \_\_\_\_\_

Address\*: \_\_\_\_\_ City\*: \_\_\_\_\_ ZIP\*: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email Address: \_\_\_\_\_ Consent to Receive Email Notifications:

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone\*: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Consent to Receive Text Messages:

Name of Emergency Contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Phone\*: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

1. Program\* \_\_\_\_\_ Day / Time\* \_\_\_\_\_ Session \_\_\_\_\_ Cost\* \_\_\_\_\_

2. Program \_\_\_\_\_ Day / Time \_\_\_\_\_ Session \_\_\_\_\_ Cost \_\_\_\_\_

3. Program \_\_\_\_\_ Day / Time \_\_\_\_\_ Session \_\_\_\_\_ Cost \_\_\_\_\_

Allergies, medical conditions or physical difficulties: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

**The City of Torrington Park & Recreation Department Program (as defined below, "Program") involves a variety of physical activities and there is an element of risk involved, which each participant must assume (including injury, disability or death). I affirm that my health is adequate and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the Program. The undersigned hereby agrees:**

- 1. I fully assume all risks associated with utilization of and participation in the program(s) listed above and agree not to sue and hereby release the City of Torrington, its agents, servants, employees, volunteers, elected officials boards and commissions (collectively "The City"), from all liability should an injury to me or listed participant occur during participation in the said program(s).**
- 2. I, for myself and for my heirs, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless the City, from any and all claims, suits or demands by anyone arising from my use of or participation in the program.**
- 3. If I am a parent or guardian signing on behalf of a child or ward, I make these representations and agreements on behalf of my child or ward.**
- 4. I give permission to the Torrington Parks & Recreation Department to use any photo or video taken during participation for promotional materials. I have read and understand the policies adopted by the Torrington Parks and Recreation Department and agree to abide by those policies.**

\_\_\_\_\_  
Signature of participant, parent or guardian

\_\_\_\_\_  
Date



**Note:** Instructors of individual programs may ask for additional paperwork to be filled out prior to the start of program. Please observe any deadlines for programs.

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