

NEW LONDON YOUTH AFFAIRS REGISTRATION FORM

Please type or print in ink to complete this form.

Participant's Name: _____ **Date:** _____

Mailing Address: _____ **City:** _____

Grade: _____ **School:** _____ **Age:** _____

Parent/Guardian Name(s): _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email address: _____

Emergency contact (EC): _____

(EC) Relationship to child: _____ **(EC) Phone:** _____

People authorized to pickup your child: _____

Health concerns, limitations, chronic illness (including hyperactivity/behavior problems) _____

List all known allergies _____

Does your child use an Epi Pen? Yes No If yes, please explain _____

Does your child use an inhaler? Yes No If yes, please explain _____

Does your child take any medication? Yes No If yes, please explain _____

ACTIVITY NAME	Time	Date(s)	TOTAL FEES
1)			\$
2)			\$
3)			\$
4)			\$
5)			\$

I give my child permission to participate in all programs and activities conducted by the New London Youth Affairs, including field trips. I am fully aware of the risks inherent and hereby release the New London Recreation Department, City of New London, its elected or appointed officials, or volunteers from any and all liability, claims and injuries which may be sustained by me or my minor children on account of his/her participation in said programs or associated activities and events. If I can not be reached in the case of an emergency, I hereby give my permission to the physician selected by the New London Recreation Department's authorized staff member to hospitalize, secure proper treatment for and order injection and/or anesthesia and/or surgery for my child. I give permission for my child to appear in any media coverage approved by Youth Affairs.

Parent/Guardian or Adult Signature _____

Date _____

Mail to: New London Youth Affairs, 120 Broad Street, New London, CT 06320

Drop off: 9am-3pm, Martin Center, mezzanine Main Office or 1st floor Family Center

Main Office: 442-4994; Family Center: 447-0459 Fax Number: (860) 443-1795

Methods of Payment Accepted: Checks, Money Orders, or Cash
 If paying by MO or check; make payable to: **CITY OF NEW LONDON**
 Scholarships are available.

OFFICE USE ONLY Date received: ____/____/____ Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Amount: \$ _____ Check#: _____ Initials: ____
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