WEST HARTFORD LEISURE SERVICES REGISTRATION FORM

Please complete a separate form for each participant (10% processing fee deducted from all refunds)

PARTICIPANT'S	LAST NAME			First Nar	me					
Birth Date	Age	Male F	emale	Entering Grade _		(if applicable)				
SPECIAL CONCERNS	: List any special needs, h	ealth or behavioral issues, or	concerns o	f participant:						
PROGRAM # TITLE		TTLE	DATES			TIME	F	FEE		
			I			Scholarship Donatio				
PAYMENT TYPE: Cash(in person only) Check # (pay			yable to "To	wn of West Hartfor	u, _	Program # 992001 TOTAL		\$		
								<u> </u>		
VISAMaster Card						Expiration Da	ate:		_	
Have abold lofe							N	fonth Ye	ar	
	rmation (Please p	•								
Your Name or Parent/Guardian Last Name			First Name							
Home Phone #	Work Phone #	Cell Phone #_								
F					1		1	<u> </u>		1
Email										
							<u> </u>			
		nt								
·		Work Phone #								
		ble risk of accidental injury to me/ nvolved in the West Hartford Leisi								
injuries which I/my child m	ay suffer while participating in	this West Hartford Leisure Service								
•	al and advertising purposes b	•				D-4-				
Signature						Date				
		TY AND EMERGEN								
This section <u>MUS</u>	F BE COMPLETED i	f you are registering	a CHILD	for a prograi	m that	runs 3 HOU	RS OF	R MORE A	A DA	Y.
Has participant bee	n prescribed an Epi-	pen? Yes (if yes	s, an Epi	-pen form w	ill be	sent to you)	No			
			-	-						
Please list and describe yo	ur child's known allergies, kn	own illnesses, physical limitation	ns, special i	needs, etc.:						_
										_
_ist Medications										
Family Doctor's Na	me			Doctor's	Phone	Number				
Please read below & if yo	u understand & agree to e	ach statement write your initi	ials in the s	nace next to the p	aragraph	n to signify your u	ındersta	ınding and a	areen	nent.
•		ital or medical care while participa	•		e Services	Program and there	is no tim	e for me to be	1	
		spital preference is: Hospital I								_
		deemed necessary to admit elsev								
		cal care while in this West Hartfor		=			ospital to	o give such		
		sary or desirable by medical judgo orted by ambulance, I give my per		-			e incurre	od by transport	ation	
		red by my child while participating			-		5 IIICUITE	tu by transpon	alion.	
		n for my child to go on the field tri	•			•	chedule v	will be provide	d to	
		do not wish my child to attend the								
		Complete form and se	nd to ap	propriate facil	ity:					
		ain Street, West Hartford 06		<u>Leisureservices@</u>				860-561-75		
Elmwood Commu Veterans Skating		Britain Avenue, W. Hartford ista Road, West Hartford 0		ECC@WestHart Vmsr@WestHart				860-561-81 860-561-82		
Westmoor Park		Road, West Hartford 06117		WestmoorPark@				860-236-38		

Or register on-line at <u>www.WestHartfordCT.gov/LeisureServices</u>