

**ELLINGTON PARKS AND RECREATION PROGRAM**  
**2019-2020 Registration Form**

REGISTRATION DATE: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

**PARTICIPANT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Circle Gender: Male Female

Complete for Child Registration ONLY: School \_\_\_\_\_ Grade \_\_\_\_\_

**MEDICAL INFORMATION**

Asthma  Glasses  Contact Lenses  Braces  Arthritis  Knee Problem  Back Problem  Hypertension  Osteoporosis

Medical Concerns: \_\_\_\_\_

Current if Checked:  Tetanus  Diphtheria  Polio

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_ Insurance Co: \_\_\_\_\_

**EMERGENCY CONTACTS (other than Parents or Guardian if for Child Registration)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MEDICAL AUTHORIZATION - optional**

*In all cases requiring emergency treatment and in the event that I am unable to respond, I hereby give my permission to the Ellington Parks and Recreation Commission/Department staff and the Town of Ellington or his/her designee to select a Physician for my treatment. I further authorize the physician to proceed with an examination, investigation, and hospitalization, necessary treatment of any injury and/or illness, and operation if needed. I also understand that the Town of Ellington does not provide accident or health insurance.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PARENT/GUARDIAN/SELF INFORMATION ALL INFORMATION REQUIRED Lives with:  Mother  Father  Both Parents**

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*I have reviewed the above information and deemed it to be true and accurate. I hereby agree to participate in the above indicated program, or give my permission for the registered child to participate in the above indicated program, through the Town of Ellington Parks and Recreation Department.*

SIGNATURE: \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

FEE: \_\_\_\_\_ TOTAL PAID: \_\_\_\_\_ DATE PAID: \_\_\_\_\_  CASH  CHECK #: \_\_\_\_\_ REC'D BY: \_\_\_\_\_