

YOUTH PROGRAM REGISTRATION FORM

PARTICIPANT INFORMATION

Last Name	First Name	Gender (male/female)
Date of Birth (month, day, year)	Age	Current Grade
Home Phone	Family E Mail	
Mailing Address		
Street Address (if different from above)		
Parent/Guardian 1 Name (first /last)	Cell Phone	Work Phone
Parent/Guardian 2 Name (first /last)	Cell Phone	Work Phone
Emergency Contact Name (other than parent/guardians)		Phone
Please list name(s) who are authorized to pick your child up		
Medical issues, allergies and/or special needs		

Program Name	Day	Time
Special requests/please place my child with		

REFUND POLICY: Refunds will be authorized by program provider only.

As a participant in the above program, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of any injuries, damages or loss which I or my child may sustain as a result of such participation. I further understand that the Town of Somers does not provide accidental medical coverage and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Somers Parks & Recreation, its officers, agents, and employees from any and all claims.

Signature (Parent/Guardian): _____ Date: _____