

NORTH STONINGTON RECREATION REGISTRATION / MEDICAL FORM

Adult / Parent Last Name		Adult / Parent First Name	
Home Phone	Work Phone	Cell Phone	
Address	City, State, ZIP	Email Address	
Emergency Contact (Name, Phone and Relationship)			

Participant Registration

Participant Name	Sex	Date of Birth	Current Grade	Program Name	Program Day/Time	Fee

List any allergies, medical restrictions, existing medical conditions and all medications for participant(s) listed above.	<table style="width: 100%;"> <tr> <td style="text-align: right;">Total</td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> </tr> <tr> <td colspan="2">Method of Payment</td> </tr> <tr> <td><input type="checkbox"/> Cash</td> <td><input type="checkbox"/> Check</td> </tr> <tr> <td colspan="2">Shirt Size (if applicable)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Youth Medium (10/12)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Youth Large (14/16)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Adult (Please circle size)</td> </tr> <tr> <td style="text-align: center;"> S M L XL </td> <td></td> </tr> </table>	Total		Method of Payment		<input type="checkbox"/> Cash	<input type="checkbox"/> Check	Shirt Size (if applicable)		<input type="checkbox"/> Youth Medium (10/12)		<input type="checkbox"/> Youth Large (14/16)		<input type="checkbox"/> Adult (Please circle size)		S M L XL	
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I hereby certify that I am/my child is in excellent health and can participate in strenuous physical activities. I further certify that there are no limits to participation for any registrants listed above, except as stated in writing and included on this form. I understand that if my child has an allergy that needs immediate medical attention, I must be present at all times. I understand that I am responsible for treatment if an allergy needs immediate attention. In case of an accident or injury, I authorize the North Stonington Recreation Commission's (NSRC) agent to call me or the emergency contact listed above. If the NSRC's agent is unable to reach me or my emergency contact, the NSRC's agent may make whatever arrangements are necessary for my medical care or my child's medical care.

Mail to: NSRC, 40 Main Street, North Stonington, CT 06359
 -OR- Drop off at the "Rec" Mailbox at Holly Green Center (next to Chelsea Groton Bank & Pollywogs)

X

Signature

Date