

PORTLAND PARKS AND RECREATION

Po Box 71, 265 Main Street, Portland, CT 06480 Phone: 342-6757 Fax: 342-6763
www.portlandct.org

Participant's Name: Phone Number:

Street Address Apt. # Town: Zip Code:

Male: Female: Date of Birth School Grade:

If Participant is under the age of 18 years old

Mother's Name Father's Name

Home Number E-mail Address:

Mom's Work Phone: Dad's Work Phone:

Mom's Cell Phone: Dad's Cell Phone:

Emergency Contact: Relationship:

Home Phone # Work Phone: Cell Phone #

* If there are any medical concerns or special needs that we should be aware of, please list below:

Table with 5 columns: Program(s), Date, Days, Time, Fee. Rows 1-3 and a TOTAL row.

I hereby agree to hold harmless the Town of Portland and its agents for any accidental injury caused by participation in any Town of Portland sponsored activities. In signing this form, it is understood that Portland Parks and Recreation Department and the Town of Portland DO NOT assume responsibility for accidents and the participant(s) agree(s) to abide by all rules and regulations set by the Portland Parks and Recreation Department. Photos taken during the program may be used for promotional purposes. Please notify the Parks and Recreation if you do not want picture published.

A parent or Guardian must sign for any participant under the age of 18 years old

Participant/Parent/Guardian Signature Print Name Date

Parks and Recreation - "The Benefits are Endless..."