REGISTRATION FORM

YOUTH AND RECREATION DEPARTMENT

TO REGISTER, PLEASE RETURN THIS REGISTRATION FORM OR THE FORM ON THE ACTUAL FLYER AND INCLUDE PAYMENT TO: 720 EDGEWOOD AVE, NEW HAVEN, CT OR EMAIL jjwright@newhavenct.gov or Rwicks@newhavenct.gov. PLEASE MAKE SURE THAT YOUR EMAIL ADDRESS IS CURRENT. THAT WILL BE THE BEST WAY FOR US TO COMMUNICATE WITH YOU IF WE HAVE TO CANCEL OR MAKE CHANGES TO A PROGRAM FOR ANY REASON.

FOR MORE INFORMATION or programs YOU MAY SEND AN EMAIL TO THE EMAILS PROVIDED OR YOU MAY CALL (203)946-8020 or visit: www.newhavenct.gov YOUTH or www.facebook.com/NewHavenRec; or www.instagram.com/newhavenyouthandrecreation/

Money order:

Date of Birth:

Coogan or Trowbridge

Grade:

AMOUNT DUE: \$

Age:

CASH/CREDIT CARD/MONEY ORDER ONLY. NO PERSONAL CHECKS AND NO REFUNDS.

Credit:

NAME OF PROGRAM: APRIL VACATION CAMP (April 15 - 19, 2024) @

Cash:

Select Payment type:

Check appropriate box

Participant's Name:

ddress: City:					Zip:		
Health Issues/Allergies:		·		Gende	er: M	F	0
Please include an updated physical form. All medic	ations	: must be self-admini	stered. Ast	hma me	dication	n must	t have
an updated action plan.							
Guardian's Name:	Hor	ne Phone:	Cell Pho	ne:			
Address:	Zip:		Email:				
		T	1				
EMERGENCY CONTACT NAME:		RELATIONSHIP: PHONE #:					
		Physicians Phone#:					
Physician's Name:		Physicians Phone#:	Hospital Preference:				
In the event that I cannot be reached in an ev	marda	ncy Ladree to acc	ent any an	d all		Pa	arent
In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention						itials:	
deemed necessary by the Youth and Recreation			-			'''	iciais.
permission to the medical personnel selected	•	•			,		
representatives to secure any, and all advised	•		•		urgical		
treatment.	•	•	•		•		
Parent/Guardian Agreemen	t&M	edia Release and R	elease of Li	ability		•	
By signing below, you agree to support the						n	
department. You assume all risks of injury	what	soever and agree t	o hold har	mless,	New H	laven	
Youth and Recreation Department from clai	ms of	f any nature arisin	g from any	y activ	ity, inc	ludin	ıg
transportation, connected with New Haven	Yout	h and Recreation F	rograms.	This h	old har	mless	5
agreement includes, but is not limited to, a	ny cla	ıim for injury prox	imately re	sulting	from	neglig	gence
of New Haven Youth and Recreation Depart							
participating agencies, and volunteers. You					•	•	
New Haven Youth and Recreation may be pl	_			•			
may be used to publicize New Haven youth						•	
may be quoted or photographed for newspa	•	_			•		
signing below, you hereby grant permission	for s	uch media attentio	on for your	rself or	the m	inor l	listed
on this application.		1					
Signature:			Date:				