

**PORTLAND PARKS AND RECREATION**  
**Po Box 71, 265 Main Street, Portland, CT 06480**  
**Phone: 860-342-6757 Fax: 860-342-6763 Hotline: 860-262-7234**  
**Register online: portland.recdesk.com Website: [www.portlandct.org](http://www.portlandct.org)**

Participant's Name \_\_\_\_\_ Phone \_\_\_\_\_ Grade \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
 Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

<b>Parent/Guardian Information- Required for All Participants Under the Age of 18</b>	
Parent/Guardian Name:	Parent/Guardian Name:
Phone Numbers: <ul style="list-style-type: none"> <li>• Home: _____</li> <li>• Work: _____</li> <li>• Cell: _____</li> </ul>	Phone Numbers: <ul style="list-style-type: none"> <li>• Home: _____</li> <li>• Work: _____</li> <li>• Cell: _____</li> </ul>
Email:	Email:
Child's Physician:	Phone:
<b>Please provide anyone authorized for child pick-up.</b>	<ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul>

**Emergency Information:**

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Please include any medical concerns or allergies that we should be aware of:**

\_\_\_\_\_

**In case of an emergency, may we transport via ambulance? Please circle: Yes No**

I give the Portland Parks and Recreation Dept. permission to use any photographs taken during the program to be used in any advertising, i.e. web site, program literature: **Yes No**

Program(s)	Date & Time	Fee

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. The Parks & Recreation Department has the right to cancel any program if the minimum participation has not been met.

If under the age of 18 years old, please have parent or guardian sign below

Guardian/Participant \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)