

# COVENTRY PARKS & RECREATION DEPARTMENT

## WINTER 2017

### TEEN CENTER REGISTRATION FORM

**Member's information:**

Last Name, First	Street Address	Home Phone #	Current Grade
Age	Date of Birth	(parent's e-mail address)	

At this time you must make us aware of **ALL** medical, physical or behavioral issues that we may face when your child is in our care:

(For example: skin condition, presently in cast, ADHD, etc...): \_\_\_\_\_

**Pickup/Emergency contact information:** Please list only those able to pickup or act in an emergency. All of those listed must be able to provide identification at time of pickup. We will not release your child to anyone other than those listed below.

**\*\*\* ALL NUMBERS PROVIDED MUST BE WORKING PHONE NUMBERS\*\*\***

(Primary Parent/Guardian Name)	Relation	Work Phone #	Cell Phone #
(Emergency contact/ Available Pickup #1)	Relation	Work Phone #	Cell Phone #
(Emergency contact/ Available Pickup #2)	Relation	Work Phone #	Cell Phone #
(Emergency contact/ Available Pickup #3)	Relation	Work Phone #	Cell Phone #

I hereby waive any and all claims against the Town of Coventry, which I may or shall in the future have against the Town of Coventry, its agents or employees, for any property damage or loss, or personal injuries resulting from the recreation programs organized by the Parks & Recreation Department, whether or not caused by the negligence of the Town of Coventry and/or its agents and employees. Due to the strenuous nature of some of these programs, the Town of Coventry strongly recommends that each person consult with their physician as to the extent of their participation. I understand that refunds will only be provided if the Recreation Department cancels the program. I give consent to use my name, photograph and/or videos taken of me in future promotional or marketing materials. For bus service, I give consent for my child to be picked up from school/ Park property by the Coventry Parks & Recreation Department.

I understand that the Coventry Parks & Recreation Department uses a 3 strike discipline policy. Warnings and suspensions carry from one program to another and from season to season. We have the right to dismiss anyone from the program due to medical or behavioral issues that we are not equipped to handle. I understand the above statement and agree to abide by those rules set forth by the Coventry Recreation Department. Our discipline policy is available upon request.

**You must check one box**

**I allow** [  ] my child to leave the Teen Center unsupervised one time each day. I understand that my child will sign out and sign back in. If my child chooses to leave again, then my child will not be allowed back into the Teen Center for the rest of the day.

**I DO NOT** [  ] give my child permission to leave the Teen Center unsupervised. If my child leaves (against my wishes and does not follow staff direction to remain in the facility) than I will be called immediately to pick my child up outside of the Teen Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* OFFICE USE ONLY \*\*\*

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Enrollment # \_\_\_\_\_