

Bloomfield Leisure Services Department - Registration Form

**Bloomfield Leisure Services
Department
330 Park Avenue
Bloomfield, CT 06002**

Contact Information

Please check the Box for change of address

First / Last Name (Parent or Guardian)		Address		
Town		Mobile Phone	Home Phone	Work Phone
Date of Birth	<input type="checkbox"/> Gender- please check <input type="checkbox"/> Male <input type="checkbox"/> Female	Email		
Emergency Contact		Mobile Phone	Home Phone	Work Phone

Participant First / Last name	Gender Please Circle	Date of Birth	Grade	Activity Name	Fee
	M / F				
	M / F				
	M / F				
	M / F				

Total

Waiver of Participant or Self and Photo Release

In consideration of my child's / ward's participation in the Town of Bloomfield Leisure Services Programs, including travel, I / we the undersigned do hereby agree for myself / ourselves , my / our child, ward, heirs, executors, administrators, and legal representatives that there are inherent risks involved in Town of Bloomfield Leisure Services programs. 1) I / we, for myself / ourselves and for my / our child, ward heirs, assignee(s), successors, executors, administrator(s), and legal representatives, acknowledge that such activities are potentially hazardous and pose a risk of injuries that can be significant and that I assume such risks. 2) I / we, for myself / ourselves and for my / our child, ward, heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless Town of Bloomfield and its agents, servants or employees from any and all claims, suits or demands by anyone arising my / our child's / ward's use of the Town of Bloomfield facilities and equipment. 3) I / we, for myself / ourselves and for my / our child, ward, heirs, assigns, successors, executors, administrators, and legal representatives, hereby release the Town of Bloomfield and its agents, servants or employees for damages for personal injury sustained by my / our child / ward while using the Town of Bloomfield facilities and equipment. I / we have read this waiver, hold harmless agreement and release of liability and fully understand its terms. I / we attest that the above information is correct and that my son / daughter is in good health and physically able to participate in Bloomfield Leisure Department Programs. I / we authorize the release of any medical information necessary for the Bloomfield Leisure Services Department, Bloomfield Working Parents, The Early Learning Center , or The Bloomfield Extensions program to process my child's registration in either recreation programs or Before & after care services. I/we authorize all representatives of the Bloomfield Leisure Services Department to act on my/our behalf for the purpose of obtaining emergency medical treatment for the registrant. Please note: Insurance: All persons participating in Leisure Services programs should carry their own personal health insurance. The Town of Bloomfield is not responsible for personal injuries. Participants in all department sponsored programs do so at their own risk. Only those enrolled in the program may attend. Photo Policy: By registering for a program, you give the Bloomfield Leisure Services Department permission to take and use photos of you/your child participating in the program for the department's promotional purposes. If you don't want to have you/your child's photo used in promotions, you must include this request in writing along with the registration form. The Town of Bloomfield's child and youth programs are not licensed by the Office of Early Childhood.

Parent / Guardian Signature / Self _____ Print Name _____ Date _____