EAST LYME PARKS AND RECREATION DEPARTMENT REGISTRATION FORM



REGISTRATION INFORMATION:

Complete the registration form below. Include all pertinent information. Return the completed form with payment in full to the Recreation office. We accept cash, checks and Master Card/Visa only. Checks are made payable to the Town of East Lyme. **(The exception is "Music Together".)** Program cancellations will be heard on radio station WNLC, WICH, WCTY, WTYD, WKCD, WAVE AND WSUB the day of the cancellation. Participants unable to register in person please fill out this form and mail with check to: East Lyme Parks and Recreation Dept., 41 Society Road, Niantic, Ct. 06357.

Name:			Spouse's Name:				
Address:			To\	Town:		Zip Code:	
Home Phone #: Work Ph			rk Phone #:	E-Mail:			
Cell Phone #			Cell Phone Provid	der:*(i.e. Verizon, Sprint		n, Sprint)	
*This info is needed so we	may send	emails a	and/or texts to notify o	of any cancellations, et	c.		
*******	******	*****	*******	·*************	*******	*****	
Emergency Contact: Name:			Re	lationship:			
Address:	<u> </u>			wn:	Zip Code:		
Home Phone #:		Cell	Phone #:	Work Phone #:			
Participants Name	DOB	Gender	MEDICAL CONCERNS	Program	Session Number	Fee	
I agree to hold the East Lyr Town of East Lyme harmle and programs during the co	ss from ar	ny and al	l claims for bodily injur	ry and property damag			
Signature:	gnature:				Date:		
I consent to the use of my	or my child	l's photo,	video, or artwork for fl	yers or presentations:			
Medical concerns							