

**East Lyme Youth Services**  
45 Society Rd., Niantic, CT 06357  
(860) 739-6788 Fax: (860) 691-2409

**PROGRAM REGISTRATION FORM**

Program Registering For : \_\_\_\_\_

**PARTICIPANT INFORMATION**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Home Phone : \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father Name: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

List any allergies, medications, or medical conditions \_\_\_\_\_

**DEMOGRAPHICS (please check one in each category)**

**Race:**

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Multi Racial
- White

**Family:**

- 2 Birth/Adoptive Parents
- Step & Birth Parent
- Single Parent Female
- Single Parent Male
- Grandparent
- Relative/Guardian
- DCF
- Foster Parent
- On Own
- Joint Custody
- Other

[Note: We provide certain demographic information from this form to the State of CT Department of Education for statistical and research purposes]

**Ethnicity:**

- Hispanic/Latino
- Not Hispanic/Latino

*I give my child permission to participate in the East Lyme Youth Services (ELYS) activities. I further understand that ELYS is not responsible for the time or manner in which my child arrives or leaves the Youth Center .*

*In consideration for participating in the above referenced program/activity sponsored by East Lyme Youth Services/Town of East Lyme , I hereby waive and release the Town of East Lyme, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments, including attorney's fees and court costs, which may arise from my (or my child's) participation in the above referenced program/activity or any illness or injury resulting there from, either directly or incidentally.*

*I also understand that my child is expected to follow the ELYS rules and his/her participation can be suspended or revoked at any time without refund of fees. I give permission for my child to fill out anonymous surveys related to the content and quality of ELYS programs.*

*I give permission for medical treatment for my child in the event he/she is injured and I cannot be contacted. I will assume all responsibility for costs incurred.*

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check here if you do NOT want your child's name or photo published \_\_\_\_\_