

**Park & Rec Fridays Registration Form  
Hotshot Contest at Chester Elementary School  
Friday, December 3, 2010  
1:00 until 4:00pm**

**CALL 526-0013, extension 223 NOW, TO REGISTER.**

After you have called to register and your space is confirmed, complete the following information and return the form to the Parks and Recreation mailbox at the Town Hall or mail to:

Town of Chester  
Parks and Recreation  
203 Middlesex Avenue  
Chester, CT 06412

This program is offered free of charge.

*Please provide your child's classroom teacher with a note that gives them permission to stay after school for the Parks and Recreation program on December 3. A snack will be provided.*

**This program is open to children in grade 3 through age 15 but  
Children must be at least 9 years of age before 12/31/10 for State Competition  
Children ages 9 through 15 must also submit the  
Connecticut Recreation and Parks Association Registration Form**

Participant's Name: \_\_\_\_\_ Participant's Age on 12/31/10: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Parents' Name(s) and Phone Number(s) During the Program:

\_\_\_\_\_

Please list any concerns regarding your child that should be brought to the attention of the Parks and Recreation Staff. Please include all concerns, including physical, emotional, and social and indicate if your child will require medication during the activity.

\_\_\_\_\_

\_\_\_\_\_

Emergency Name(s) and Phone Number(s):

\_\_\_\_\_

\_\_\_\_\_

The following people have permission to sign my child out. *Please indicate if your child is enrolled in the YMCA After School Program and you wish us to return them to the program.*

\_\_\_\_\_

\_\_\_\_\_

The child's parent, or a person designated above, must come in to the building to sign them out after the activity.

I give permission for my child, named above, to participate in the Chester Parks and Recreation basketball program on December 3, 2010. I give the staff of the Parks and Recreation department permission to seek emergency medical treatment for my child. I understand that there are inherent risks to this activity and I assume those risks.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date