

Chester Parks & Recreation Winter Indoor Youth Lacrosse Clinic
Tuesdays, January 31, February 7, and 14
3:00 until 4:15pm at Chester Elementary School

PLEASE CALL 526-0013, extension 223 TO REGISTER.

After you have called to register and your space is confirmed, complete the following information and return the form with the \$15 fee made payable to Chester Parks and Recreation 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 open to children in grades 1 through 6.
Please wear sneakers and bring a snack and water bottle.*

Participant's Name: _____ **Grade:** _____ **Age:** _____

Home Phone Number: _____ **e-mail:** _____

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:

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 lacrosse clinic January 31 through February 14, 2012. 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