

# East Lyme Youth Services

45 Society Rd, Niantic, CT 06357

860-739-6788

## 2010/2011 Activities Registration Form

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

(one application per person)

\_\_\_\_\_  
Child's Name                      Age              School                      Grade entering                      Home Phone

\_\_\_\_\_  
Address                      City                      Zip                      Parent/Guardian's Cell Phone Number

\_\_\_\_\_  
Mother's Name                      Father's Name                      Guardian(s)

\_\_\_\_\_  
Employer (Mother)                      Phone                      Employer (Father)                      Phone

\_\_\_\_\_  
Emergency Contact                      Relationship                      Phone                      Parent/Guardian(s) email address  
(other than parent)

Please list any medical restrictions including allergies that your child may have: \_\_\_\_\_

\_\_\_\_\_  
Family Medical/Health Plan Name                      Policy/Group Number

### Optional Information

Family Income Level:    Below \$14,350 \_\_\_\_ \$14,350-\$26,550 \_\_\_\_ \$26,550-\$40,000 \_\_\_\_ Above \$40,000 \_\_\_\_

Ethnic/Racial Origin:    Asian \_\_\_\_ Black \_\_\_\_ Hispanic \_\_\_\_ White \_\_\_\_ Other \_\_\_\_

I, \_\_\_\_\_ give my son/daughter \_\_\_\_\_ permission to participate in the East Lyme Youth Services (ELYS) activities. I further understand that the ELYS is not **responsible for the time or manner in which my child arrives or leaves the Youth Center and/or off site events.**

I give my child permission to walk or be transported to the event associated with ELYS. I understand that ELYS and its personnel are not responsible for personal injury or loss of property. I give permission for photographs of my child at the event to be used in any and all marketing materials produced by the ELYS. 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.

In consideration of being allowed to participate in any way in the ELYS activities, the undersigned acknowledges, and agrees that: The risk of injury from the activities involved in this program may be significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and I knowingly and freely assume all such risk, both known and unknown.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless East Lyme Youth Services, its employees, volunteers, directors, sponsoring agencies, and advertisers with respect to any and all injury, disability, or death incurred while traveling to or from or participating in these activities.

I certify that my child is in good physical condition and fully able to participate in all activities.

In the event your efforts to reach me are unsuccessful, I \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_ consent to emergency evaluation and/or treatment of my child while participating in this program. The physician in charge of the care of the above named child will determine treatment and/or admissions. I hereby authorize the ELYS to release any information necessary to facilitate that treatment.

I have read and reviewed the above together with an ELYS staff member and understand the contents.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date