

Town of Canton Parks and Recreation Program Registration Form

Mail Registration to:
Canton Parks and Recreation
PO Box 168
Collinsville, CT 06022



Canton Parks and Recreation
www.townofcantonct.org
Phone: (860) 693-5808
Fax: (860) 693-5805

Adult or Responsible Party Information

Last Name:		First Name:	
Mailing Address:		Town:	State: ZIP:
Home Phone: ()	Cell Phone: ()	Work Phone: ()	
Email:		Would you like to be added to our email distribution list and receive updates on new programs and events? Yes No	

Emergency Contact Information

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Activity Registration Information

Participant's Name	Age	DOB	Gender	Grade	Activity Name / Session Time	Fee
Non-resident Fee \$10 per participant						
TOTAL						

Payment Method:

Check # _____ (made to Town of Canton)
 Cash
 Mastercard /American Express/Discover* VISA NOT ACCEPTED
 Credit Card Number _____
 Expiration Date ___/___/___ CVN# _____ (3 digits)

***Convenience Fee**– The Town of Canton has partnered with Point & Pay LLC (PNP) a third party service provider to provide you with convenient credit/debit card payments. IN ORDER TO USE THIS SERVICE YOU MUST PAY A NON-REFUNDABLE CONVENIENCE FEE IN ADDITION TO THE AMOUNT OWED. 2.95% or a \$2 minimum fee (whichever is greater) will be charged in addition to the amount owed. Please note that Point & Pay (not the Town of Canton) will appear as the merchant of record next to your payment on your bank or credit card statement.

Medical Information/ Special Needs

Please describe any medical information or special needs that program staff should be aware of (allergies, medications, disabilities) for the above participant (s) in order for us to understand and better serve the individual needs of this participant.

Parent/ Guardian Waiver/ Release

I am aware of the nature of this activity and I hereby assume responsibility for myself and/ or my child (above), and/ or his or her representatives to participate. I will not hold the Town of Canton, the Department of Parks and Recreation, and/ or its employees or agents responsible in case, of any accident or injury as a result of this participation. I hereby further agree to indemnify and save harmless the Town of Canton, from and against any and all loss, damage, claim, demand, liability, or expense by reason of any damage or injury to property or person which may be claimed to have arisen as a result of or in connection with participating in the park and recreation activity. In addition, I grant the Town of Canton to utilize any medical emergency services it deems necessary to treat injuries that I or my child may incur while participating in the above program. I understand that the Town of Canton does not provide insurance for recreational program participants.

Photo Release: We may be taking pictures of activities during any of our programs to use in promotional publications. I hereby release and permit the Town of Canton to utilize these photos for Town of Canton Parks and Recreation Promotional purposes.

PARTICIPANT/ PARENT SIGNATURE _____ DATE _____