



BROOKLYN PARKS & RECREATION - PROGRAM REGISTRATION FORM

Return completed form to Brooklyn Parks & Recreation Department
69 South Main Street, Brooklyn, CT 06234

Register Online!



Participant Name	Program/Activity	Fee

General Contact Information (Please print)

PARTICIPANT NAME (1) _____ Birthdate _____ M/F _____

Address _____

Town _____ Zip _____ Email _____

Phone (Home) _____ (Cell) _____

Medical Information: Allergies/Special Diet or Chronic Health Conditions or Special Limitations or Concerns:

Emergency Contact Information (Please list someone not doing the program with you.)

Name _____ Relation to Participant _____

Phone (H) _____ (C) _____

PARTICIPANT NAME (2) _____ Birthdate _____ M/F _____

Address _____

Town _____ Zip _____ Email _____

Phone (Home) _____ (Cell) _____

Medical Information: Allergies/Special Diet or Chronic Health Conditions or Special Limitations or Concerns:

Emergency Contact Information (Please list someone not doing the program with you.)

Name _____ Relation to Participant _____

Phone (H) _____ (C) _____

YOU MUST COMPLETE PAGE 2



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Waiver of Participant by Parent or Self

I, the undersigned, have chosen to participate in or allow my child to participate in the Town of Brooklyn, CT Parks and Recreation Department program. I understand the type of program I am/my minor child is enrolled in, and the types of activities I/they may participate in. I understand that this is not a medically supervised program. I release and indemnify the Town of Brooklyn, CT and its agents, officers and employees from any liability which may occur as a result of my/my child's participation in the program. I accept responsibility for any personal injury I or my minor child might incur while participating in the program. In case of emergency, I hereby give permission to the program staff and medical personnel selected by Brooklyn Parks and Recreation Department and staff, in my absence, to act as my agent to apply simple first aid when necessary, or in the event of a more serious accident, for participant to be transported to an emergency medical facility to receive medical treatment. I authorize the medical personnel to administer such treatment as is I give permission for emergency treatments as recommended by an attending physician and assume all responsibility for payment. If any of the participants are minors, I certify by my signature that I am the custodial parent or guardian; or I have the expressed authorization of the custodial parent, or guardian to enroll said participant(s) in the specified activities listed. Additionally, my written signature below constitutes understanding of, and agreement to, all information completed within this registration form. I further attest that the information provided in my application is true to the best of my belief.

COVID-19

By registering for Brooklyn Parks and Recreation's Program, I acknowledge that I am aware of the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 at the facility/program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the program location may result from the actions, omissions, or negligence of myself and others. To access information about COVID-19 please visit the [CDC's website](https://www.cdc.gov).

In the event, a member of my household, or myself, is exposed to COVID-19, develops symptoms of COVID-19 or tests positive for COVID-19 I need to notify Brooklyn Parks and Recreation.

Concussion

A concussion information sheet is available at the US Center for Disease Control website:
https://www.cdc.gov/headsup/pdfs/youthsports/Parent_Athlete_Info_Sheet-a.pdf

CT Child Abuse Prevention Guidelines

CT Child Abuse Prevention guidelines and information is available online at: <https://portal.ct.gov/DCF/GTF-CJA/HB-6113>

Americans with Disabilities Act (ADA)

Please contact Brooklyn Parks and Recreation Department at least two weeks in advance regarding any accommodations needed to assist with participation in, and enjoyment of, any program or special event.

Licensing

Per Connecticut General Statute 17a-99, we are required to disclose that Brooklyn Parks and Recreation's Program programs are not licensed by the State Office of Early Childhood.

Photo Release

Brooklyn Parks and Recreation Department may videotape or take photographs of participants enrolled in recreation activities, classes, or programs. These photos and/or videotapes may be used for promotional purposes.

Participant Behavior

Respectful behavior is expected behavior for all participants. Participants are expected to engage in courteous, safe, responsible, and appropriate behavior towards staff, volunteers, other participants, equipment, and facilities while participating in Brooklyn Parks and Recreation Department programs and events. We reserve the right to remove a participant from a program based upon inappropriate behavior.

All information provided in this disclaimer is available for review at any time on the Town of Brooklyn website:
<https://www.brooklynct.org/parks-recreation-department>

Participant/Guardian Signature(s) _____ Date _____

Participant/Guardian Signature(s) _____ Date _____