



COLCHESTER YOUTH SERVICE BUREAU

REGISTRATION FORM

Participant's Name: _____ Birth Date: _____ Grade: _____

Address: _____

Parent(s) / Guardian(s) Name(s): _____

Phone (H): _____ Phone (W): _____

Phone (C): _____ E-mail: _____

Emergency Contact (other than parent): _____ Phone: _____

Please list any allergies, medical, behavioral or developmental issues: _____

Please list any current medications: _____

In consideration for the opportunity to be transported and to participate in activities, I hereby agree to release, discharge and hold harmless the Town of Colchester, its employees and volunteers from the liabilities which may occur from participating. If I can not be reached at the phone numbers provided, I give permission for my child to be treated by qualified medical personnel. In addition, I permit the taking of video or photographs of my child during activities for publication and use by the Town of Colchester for promotional purposes unless otherwise stated.

Parent/Guardian Signature

Date

TO BE COMPLETED BY PARENT/GUARDIAN			OFFICE USE	
Program Name	Program Date	Cost	Waitlist	
		\$	<input type="checkbox"/>	
		\$	<input type="checkbox"/>	
		\$	<input type="checkbox"/>	
		\$	<input type="checkbox"/>	
		\$	<input type="checkbox"/>	
		\$	<input type="checkbox"/>	
Please return this form to: Colchester Youth Services • 127 Norwich Avenue • Colchester, CT 06415 Make checks payable to: "Town of Colchester" For more information call: (860) 537-7255 or visit our website: www.colchesterct.gov/youth			\$	Subtotal
			\$	Discount
			\$	Total Due

For Office Use Only	Amt Rec'd	Date	Rec'd By	ISR Comp. <input type="checkbox"/> Yes <input type="checkbox"/> No	Scshp. Rec'd <input type="checkbox"/> No <input type="checkbox"/> Yes, _____%
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