

Chester Parks & Recreation Volleyball Clinic
Fridays, November 17, December 1, and December 8
3:00 until 4:15pm at Chester Elementary School

*This program is open to children in grades 3 through 6.
Please wear sneakers and bring a water bottle.*

Call 860-526-0013, x 223 or e-mail parkrec@chesterct.org to confirm availability and complete and return this form with the \$10 fee, payable to Chester Parks and Recreation, to the Parks and Recreation mailbox at the Town Hall or Chester Elementary School or mail to: Town of Chester, Parks and Recreation, 203 Middlesex Avenue, Chester, CT 06412

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 that should be brought to the attention of the Parks and Recreation Staff or Instructors 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 sign them out after the activity.

PLEASE INDICATE AT THE TOP OF THIS FORM if you do not wish your CHILD'S PHOTO to appear in newspapers or on the Town web site, social media, flyers, e-mails, or bulletin boards.

I give permission for my child, named above, to participate in the Chester Parks and Recreation Field Hockey Clinic November 17 through December 8, 2017. I give the instructors and 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

ACCORDING TO CONNECTICUT GENERAL STATUTE 19a-77 WE ARE REQUIRED TO DISCLOSE THAT TOWN OF CHESTER PROGRAMS ARE NOT LICENSED BY THE STATE OFFICE OF EARLY CHILDHOOD.