

Chester Parks & Recreation Field Trip Registration

Thursday, March 7, 2019

1:15pm until 5:45pm from Chester Elementary School
to SpareTime Entertainment in Bristol

*This program is open to children in grades 2 through 8 and
Kindergarteners and first graders who have attended our summer camp.*

Please wear rubber soled shoes and a red shirt. Bring a water bottle.

Pizza will be provided but Children may bring food. Please do not bring money.

Call 860-526-0013, x 223 or e-mail parkrec@chesterct.org to confirm availability and complete and return this form with the \$25 fee per participant, (*\$15 for those registered in Chester Youth Basketball, Babysitter's Training, or the CIT program this winter*) 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 or e-mail the form and use the PayPal "DONATE" button under summer camp at <http://chesterct.org/town-government/parks-recreation-commission/>

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 and indicate if your child will require medication (authorization form required) 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 must sign the participant 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 Trip to SpareTime Entertainment in Bristol on March 7, 2019. I give the 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.