

AFTER SCHOOL PROGRAM

PARTICIPANT APPLICATION



Please print neatly

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Parent/Guardian E-mail: _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Child's Age: _____ Child's Grade: _____ School: _____

Gender (circle one): Male Female

Registration required as space is limited: Drums Alive (8+ only): _____ Hoop Fit Hula (8+ only): _____

Informed Consent for Program Participation

I, (Parent or Guardian if under 18 years of age) _____, do hereby apply application and give release to the Town of Bristol Parks and Recreation, all participating sponsors and partners, its staff and instructors, to be accepted and permitted to participate in the Teen Fitness Challenge, Town of Bristol Parks and Recreation. In consideration of being accepted into this program, I do, on behalf of myself, my heirs, executors and administrators, release and discharge the said programs and all its agents and employees from any claims of demands which I now have or any time in the future may have resulting from any illness, injury or occurrence as a result of participation in this program.

Furthermore, I agree to look to my private physician for medical care and certify that I am in good physical health and I am able to undertake and engage in the range of physical activities in which I choose to participate. I also agree to allow for pictures and/or videos of me to use for further promotion of this program.

Signature (Parent/Guardian if under 18): _____ Date: _____

For Office Use Only:

Registration Date: _____ Staff Initials: _____ Please return this registration form by **MAR 1st** to the Bristol Department of Parks and Recreation located in the Quinta- Gamelin Community Center, 101 Asylum Rd Bristol RI. For Additional information please contact us at 253-1611.