

Name

Phone

Address

Emergency or
Business Phone

Birthday

STRATFORD RECREATION DEPARTMENT

1 Dorne Drive

Stratford, Connecticut 06497

1-203-385-4052

ACTIVITY

DATES

LOCATION

TIME

DAY (Circle One) M Tu W Th F Sa Su

SCHOOL

GRADE

 MALE FEMALE

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WAIVER FOR PARTICIPANT BY PARENT

In consideration of the Town of Stratford Recreation Dept. accepting my/my child's entry, I hereby, for myself, my child(ren), my heirs, executors, and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Town of Stratford and its representatives, successors and assigns for any and all injuries suffered by myself or my child at the program listed on this card. I recognize and accept the *inherent risks involved in participating in this activity* and will not hold the Town of Stratford or its representatives responsible for injuries or damages as a result of participating in this activity.

SIGNATURE **X**

FEE PAID

DATE

RECEIVED BY