

Artsplace Program Registration Form – <http://cheshirect.myrec.com>

Please print clearly and return completed form to: Artsplace, 1220 Waterbury Road, Cheshire, CT 06410

Participant Information

First Name: _____ Last Name: _____
 Birth Date: _____ Gender: _____ (If Applicable) School: _____ Grade: _____
 Medical Information: _____

Household Information NOTE: ADULT INFORMATION FOR CREATING NEW ACCOUNTS ONLY - REQUIRED

Name: _____ Birth Date: _____ Gender: _____
 Street: _____ Town: _____ State: _____ Zip: _____
 Phone: _____ (circle: cell/home/work) E-mail: _____

Adult Participant or Parent/Guardian 1

Name: _____
 Street: _____
 Town: _____ State: _____ Zip: _____
 Cell Phone: _____
 Home Phone: _____
 Work Phone: _____
 E-mail: _____

Adult Participant or Parent/Guardian 2

Name: _____
 Street: _____
 Town: _____ State: _____ Zip: _____
 Cell Phone: _____
 Home Phone: _____
 Work Phone: _____
 E-mail: _____

Emergency Contact (other than listed above):

Name: _____ Phone: _____

Program Name	Day	Time	Fee

Total Resident Fees: **or Total Non-resident Fees:**

Please read carefully: Participant must sign below; if participant is under 18 years of age, a parent/guardian signature is required.
Release: In consideration of the Town of Cheshire ("Town") allowing me or, if applicable, my child ("Participant") to participate in a program, event or trip ("Activity"), I/we acknowledge that I have read and understand the information given including the purpose and scope of the Activity. I certify that the Participant is in good health and physical condition to participate in the Activity. I understand that Activities have categories of inherent risk and that accidents can occur. Participant must be alert for dangers. Participant may receive first aid by trained staff when necessary. If the Participant requires emergency medical care or emergency transportation, I give permission for Town staff to authorize this care. I hereby Release, Waive and Covenant Not to Sue the Town, its employees, and volunteers (individually and collectively, the "Released Parties"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys' fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the Activity. I acknowledge that I will be giving up substantial legal rights by signing this waiver and I acknowledge that I have signed this Agreement without any inducement, assurance, or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements, or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

Photo Policy: During Town Activities, pictures and/or videos may be taken by staff and these may be used for future promotions; to revoke authorization to use pictures and/or videos email recreation@cheshirect.org and include the participant's name and the Activity name.

Participant or Parent/Guardian Signature: _____ **Date:** _____

PAYMENT MUST ACCOMPANY REGISTRATION FORM; YOU ARE NOT REGISTERED UNTIL PAYMENT IS RECEIVED

Signature for Credit Card Authorization: _____ **Date:** _____

Mastercard Visa Discover Cash Check # _____ payable to: Artsplace

Card Number: _____ CVV: _____ Exp. Date: _____