
Return registration form to Granby Recreation, 15C North Granby Road, Granby, CT 06035
Make check payable to: Town of Granby

Participant's Name _____ Home Phone _____
Address _____ Zip _____ DOB _____
School _____ Age _____ Grade _____

Parent/Guardian Name _____ Phone (W) _____
Emergency Contact _____ Phone _____
E-mail Address _____

I am registering for:	Cost
1) _____	_____
2) _____	_____
3) _____	_____
(Non-resident fees \$5pp/class)	_____
Total Amount Enclosed	_____

List any medical concerns, physical limitations, or special assistance needed: _____

Liability Statement: The Granby Parks & Recreation and its representatives are not responsible for personal injuries, damages or losses that may occur. As in most activities, there is a certain amount of inherent risk involved. Parent/Guardian signature on this form indicates recognition of those risks, permission to participate and consent to secure emergency medical treatment in the event a parent/guardian cannot be reached.

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

For office use only:	Date Rec'd _____	Check # _____	Cash _____
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