



Application for Membership

Complete this form and return it to: The Town of Granby Youth Service Bureau, 15C North Granby Road, Granby, CT 06035 with payment by Oct. 1, 2009 (\$100/participant/full program, Oct.—April - special introductory rate. Maximum payment of \$160 per family) **.**

NAME: _____ GRADE: _____ D.O.B. _____
ADDRESS: _____
PHONE: _____ YOUR EMAIL: _____
PARENT/GUARDIAN _____
PARENT/GUARDIAN PHONE NUMBER(S) _____
PARENT/GUARDIAN EMAIL _____
EMERGENCY CONTACT: _____ PHONE _____
ALLERGIES? Y/N If yes, to what? _____
OTHER CONCERNS THAT LEADERS SHOULD KNOW: (will be kept confidential)

****DO YOU NEED FINANCIAL ASSISTANCE Y/N OR A PAYMENT PLAN Y/N ? If yes to either, please hand in without payment and we will contact you to arrange.**

- Please read and check agreement and sign below**
- Participant agrees that it will indemnify and hold harmless the Town and its respective officers, agents and employees from any loss, cost, damage, expense and liability whatsoever kind or nature resulting directly or indirectly from the nature of use covered by this contract which results in bodily injury including death, personal injury or damage to property
- Participant agrees to allow the YSB to use photographs, digital and/or video images taken during **GX3** in promotional materials and newsletters.
- Participant grants permission for any emergency medical treatment that may be necessary while participating in **GX3!**
- Parent permits employees of the Town of Granby YSB to transport the **GX3** member to/from activities.

PARENT/GUARDIAN SIGNATURE

PARTICIPANT SIGNATURE