

# NATURE DAYS REGISTRATION FORM



**Ansonia Nature and Recreation Center**  
10 Deerfield Lane, Ansonia, CT 06401  
*Email:* [ansnaturectr@ansoniacct.org](mailto:ansnaturectr@ansoniacct.org)  
*Telephone:* (203) 736-1053

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent or Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone- Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Dates of Program \_\_\_\_\_

Medical Problems (i.e. allergies; chronic conditions; on medication): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade entering in fall: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PHOTOGRAPHY RELEASE

I grant permission for the Ansonia Nature and Recreation Center to photograph my child and use the images for educational and promotional purposes to assist the organization in informing its members, the press and general public about its work. I give this permission without fee or limitation. Please initial \_\_\_\_\_

## EMERGENCY AUTHORIZATION

In case of illness or injury to my child or guests while attending this program, The City of Ansonia, the Ansonia Nature and Recreation Center, and their agents have authority to provide medical attention, including sending my child or guests to a medical facility when deemed necessary. I understand that I am responsible for all charges relating to medical services if such services are necessary. Please initial \_\_\_\_\_

## SAFETY

I request the Ansonia Nature and Recreation Center to provide a program/activity on the above date(s) and to allow my child to participate in activities. I assume all risk and I understand that activities include hiking, field studies and possible exposure to potentially harmful animals and vegetation and will hold harmless the City of Ansonia, Ansonia Nature and Recreation Center, the Friends of the Ansonia Nature and Recreation Center, and their agents. Please initial \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_