

NATURE DAYS REGISTRATION FORM



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

Date: _____

Child's First Name: _____ Last Name: _____

Parent or Legal Guardian: _____

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: _____ Age: _____

EMERGENCY CONTACT INFORMATION:

Full Name: _____ Relation: _____

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: _____

Paid: _____ Check #: _____