

REGISTRATION FORM		
Name:	Date of Birth:	
Address:	Email Address:	
Guardian Name (if under 18):	Home Phone:	Cell Phone:
Address: City:	Email Address:	
Emergency Contact Name:	Home Phone:	Cell Phone:
Address:		Relationship:
Program Agreement		
I approve this registration and certify that the participant is in normal health and able to participate in all activities of the program. The City of New Haven Youth and Recreation Department programs are open to all people regardless of gender, race, color or national origin.		
Signature:		Date:
Credit Card Number: Exp.	Date:	CVV Number: