

Free Program with Ranger Harry

**Edgewood Park meeting at the Edgewood Ranger Station** 

Sunday, April 2, 2023

11:00 a.m.-1:00 p.m.

Dress for the weather and wear appropriate clothing & footwear. Please bring bottled water and a snack.



Please forward completed form to jjwright@newhavenct.gov, or bring form to 720 Edgewood, Avenue, New Haven, CT, 06515

Contact Ranger Harry with other questions hcoyle@newhavenct.gov

## ACTIVITY REGISTRATION FORM Child Name Date of Birth: Grade: Age: Address. Zip Code: Any Health Issues? i.e., : allergies? Gender: M or F Cell Phone: Guardian Name Home Phone Address-Zip Code: Fmail Address Relationship: **Emergency Contact Name:** Phone In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by the Parent Initials YARD representatives. I hereby give permission to the medical personnel selected by YARD representatives to secure any and all advised hospitalization, medical, dental and/or surgical treatment

Parent/ Guardian Agreement & Media Release and Release of Liability

By signing below, you agree to support the policies of the New Haven Youth and Recreation. You assume all risks of injury whatsoever and agree to hold harmless, New Haven Youth and Recreation from claims of any nature arising from any activity, including transportation, connected with New Haven Youth and Recreation programs. This hold harmless agreement includes, but is not limited to, any claim for injury proximately resulting from negligence of New Haven Youth and Recreation its employees, host sites, its sub-contractors, participating agencies and volunteers. You further acknowledge and understand all participants in New Haven Youth and Recreation Department may be photographed or videotaped and such photos or videos may be used to publicize New Haven Youth and Recreation programs and activities. Participants may be quoted or photographed for newspaper or magazine articles or television programs. By signing below, you hereby grant permission for such media attention for yourself or the minor listed on this application.

ignature:	Date: