

ENFIELD RECREATION DEPARTMENT PARTICIPANT FORM

124 North Maple Street, Enfield, CT 06082
860-253-6420
www.enfield-ct.gov/recreation

D.O.B.: _____
Residency Check: _____
Staff Initials: _____

PROGRAM INFORMATION

Adult Open Gym Basketball Information

The Enfield Recreation Department hosts Open Gym Basketball time for adults 20 & over. Participants must show proof of age and residency to participate in addition to having a program waiver at the gym for the season. There is a daily fee for these programs. *Please note that if the gym gets overcrowded, Recreation staff reserve the right to limit the number of people in the gym and residents will have first priority to play.*

Days: Mondays and Wednesdays, December 4, 2023 - April 24, 2024

Time: 6:00 - 9:00 PM

Location: Enfield Annex Gym, 124 North Maple Street, Enfield, CT 06082

PROGRAM PARTICIPANT INFORMATION FORM - PLEASE PRINT CLEARLY

Name: _____

Street Address: _____ City/State: _____ Zip: _____

Primary Phone: (_____) _____ Email: _____

Emergency Contact: _____ **Relationship:** _____ **Phone:**(_____) _____

Do you have any medical, health or special needs concerns staff should be aware of? Yes _____ No _____

If yes, please explain in detail: _____

For complete information concerning the HIPAA Compliance Program, visit our website at www.enfield-ct.gov or call the Recreation Office for more information.

RELEASE AND WAIVER

In consideration for participating in the above-referenced program/activity sponsored by the Recreation Department of the Town of Enfield, I hereby waive and release the Town of Enfield, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and/or judgments, including attorney's fees and court costs, which may arise from my or my child's participation in the above-referenced program/activity or any illness or injury resulting there from, either directly or incidentally.

I hereby represent that I understand and am familiar with the nature and type of activities in which I or my child will participate as part of the above-referenced program/activity. I further represent that I am, or my child is, in good physical and mental health condition and that I am unaware of any physical or other health condition that would affect my or my child's ability to participate in the above-referenced program/activity.

I acknowledge that I will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury.

Photo Release: The Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Recreation use only and may be used in future catalogs, websites, brochures, pamphlets and/or flyers.

Behavior Expectations: I understand that I and/or my child must be able to abide by all rules and policies set forth by the said program and failure to do so may result in dismissal from the program.

I have read this document and understand and agree to its terms and conditions.

PARTICIPANT/PARENT/LEGAL GUARDIAN SIGNATURE

DATE