

# Capture The Flag



**BES 3:15-4:30**

**GRADES: K-5<sup>th</sup> Thursday's September 21<sup>st</sup>, 28<sup>th</sup>, October 5<sup>th</sup>, 12<sup>th</sup>, 19<sup>th</sup>, 26<sup>th</sup> Cost: \$55.00**

PLEASE SEND REGISTRATION FORM BELOW AND CHECK TO PARK & RECREATION NO LATER THAN ONE WEEK PRIOR TO THE START OF PROGRAM. SPACE IS LIMITED! A NOTE TO YOUR CHILD'S TEACHER STATING ATTENDANCE IS REQUIRED! **STUDENT MAY NOT STAY FOR THE PROGRAM IF THEY DO NOT HAVE A NOTE.**

**No make ups. Call with any questions 203-266-7510 ext. 8**

## **BETHLEHEM PARK & RECREATION REGISTRATION FORM**

REGISTRATION INFORMATION: ALL REGISTRATIONS AND PAYMENTS FOR PROGRAMS MUST BE RECEIVED IN ADVANCE. MAKE CHECKS PAYABLE TO BETHLEHEM PARK & RECREATION, P.O. BOX 160, BETHLEHEM CT 06751. I GIVE PERMISSIN FOR MY CHILD/SELF TO TAKE PART IN THE BELOW NAMED ACTIVITY. BY SIGNING THIS FORM, I WAIVE ALL CLAIMS AGAINST THE TOWN OF BETHLEHEM, PARK & RECREATION DEPARTMENT, AND ALL PERSONNEL FROM ANY LIABILITY FOR INJURIES, LOSS, OR OTHER CLAIMS RESULTING FROM PARTICIPATION IN THIS ACTIVITY. IF I CANNOT BE REACHED, I GIVE PERMISSION TO THE ATTENDING PHYSICIAN, PROGRAM SUPERVISOR, OR HOSPITAL TO SECURE PROPER TREATMENT FOR MY CHILD OR MYSELF.

PROGRAM REGISTERING FOR: \_\_\_\_\_

SIGNED PARENT/GUARDIAN/SELF: \_\_\_\_\_ DATE: \_\_\_\_\_

PARTICIPANTS NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ GRADE: \_\_\_\_\_ FEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ANY MEDICAL CONDITIONS THE RECREATION DEPARTMENT SHOULD BE AWARE OF?  
\_\_\_\_\_

PLEASE LIST NAMES OF ADULTS WITH PERMISSION TO PICK CHILD/CHILDREN

UP \_\_\_\_\_