

Chester Parks & Recreation Roller Rink
Tuesdays, January 24, February 28, April 3, and May 8, 2012
3:00 until 4:15pm at Chester Elementary School

PLEASE CALL 526-0013, extension 223 TO REGISTER.

After you have called to register and your space is confirmed, complete the following information and return the form with the \$5 per day fee made payable to Chester Parks and Recreation to the Parks and Recreation mailbox at the Town Hall or mail to:

Town of Chester
Parks and Recreation
203 Middlesex Avenue
Chester, CT 06412

HELMETS ARE REQUIRED!

This program is open to children in grades 1 through 6.
*Please bring **ROLLER SKATES OR ROLLER BLADES**, a snack and water bottle.*
Please register at least one week in advance of the days you will participate
so that we may provide staff accordingly.

Participant's Name: _____ Grade: _____ Age: _____

Home Phone Number: _____ e-mail: _____

Mailing Address: _____

Parents' Name(s) and Phone Number(s) During the Program: _____

Please circle dates requested: January 24 February 28 April 3 May 8

Please list any concerns regarding your child that should be brought to the attention of the Parks and Recreation Staff and indicate if your child will require medication during the activity. _____

Emergency Name(s) and Phone Number(s):

The following people have permission to sign my child out:

The child's parent, or a person designated above, must come in to the building to sign them out after the activity.

I give permission for my child, named above, to participate in the Chester Parks and Recreation Roller Rink January 24 through May 8, 2012. I give the staff of the Parks and Recreation department permission to seek emergency medical treatment for my child. I understand that there are inherent risks to this activity and I assume those risks.

Signature of Parent or Guardian

Date