

**YOUTH SELF-DEFENCE  
RECREATION REGISTRATION  
FORM 2011  
Durham Recreation Office 860-343-6724  
P.O. BOX 428  
DURHAM CT. 06422**

**PLEASE REGISTER AND PAY AT THE TOWN CLERKS OFFICE AT DURHAM TOWN HALL DURING  
TOWN HALL HOURS**

**PLEASE PRINT STUDENT'S INFORMATION**  
**MONTH REGISTERING FOR: \_\_\_\_\_ YEAR \_\_\_\_\_**

**STUDENT'S NAME**

**LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_**

**ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_**

**FEE: \$25.00/month                      AMOUNT OF CHECK \_\_\_\_\_                      CHECK # \_\_\_\_\_**

**BIRTH DATE \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_                      M \_\_\_\_\_ F \_\_\_\_\_**

**CELL # \_\_\_\_\_**

**MOTHER'S NAME \_\_\_\_\_**

**FATHER'S NAME \_\_\_\_\_**

**E-Mail \_\_\_\_\_**

**EMERGENCY CONTACT \_\_\_\_\_**

**PHONE# \_\_\_\_\_**

Please list any medical problems concerning your Child/Student, including allergies or medications:

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I hereby give permission for the above Student to participate in the Durham Recreation Self-Defense Program. Sponsored by the Durham Recreation Department. I certify that he/she is in good health. I have listed above any allergies, conditions and or medications that the program personnel should be aware. I further authorize the Durham Recreation staff and instructors to act for me according to their best judgment in any emergency requiring medical attention in the event that I cannot be located. In case of injury I understand that I am responsible for all financial liabilities.

**Parent Signature \_\_\_\_\_ Date \_\_\_\_\_**