

**ADULT 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 TOWN HALL
PLEASE PRINT STUDENT'S INFORMATION
MONTH REGISTERING FOR _____ YEAR _____**

NAME

LAST NAME _____ **FIRST NAME** _____

ADDRESS _____ **PHONE#** _____

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

BIRTH DATE _____ **ENTERING GRADE** _____ **M** _____ **F** _____

CELL # _____

E-Mail _____

EMERGENCY CONTACT _____

PHONE# _____

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

I hereby give permission for the above Adult to participate in the Durham Recreation Self-Defense Program. Sponsored by the Durham Recreation Department. I certify that he/she/I, 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.

Signature _____ **Date** _____