

DARIEN YOUTH COMMISSION

2011/12 TOPS (Teen Options) 8th GRADE REGISTRATION FORM

STUDENTS WISHING TO ATTEND ANY OF THESE EVENTS MUST BE REGISTERED MEMBERS OF TOPS PRIOR TO ATTENDING
REGISTRATION BEGINS 8/22/11

September 16	BEACH PARTY	\$15.00	6:30 – 8:00	Pear Tree Beach
October 14	TOKENEKE FAIR NIGHT	\$15.00	6:00 – 8:00	Tokeneke School
November 4	DANCE PARTY	\$10.00	7:30 – 9:00	Town Hall Gym
December 2	MISTLETOE MAGIC	\$10.00	7:00 – 9:00	Town Hall Gym
January 20	BOWLING PARTY	\$10.00	3:30 – 5:00	Rip Van Winkle Lanes
February 10	VALENTINE'S DANCE	\$10.00	7:30 – 9:00	Town Hall Gym
March 23	ICE SKATING PARTY	\$ 7.00	7:30 – 9:00	Stamford Twin Rinks
May 11	HINDLEY FAIR NIGHT	\$15.00	7:30 – 9:00	Hindley School

PAYMENT OPTION: (Please check one)

Advance Payment - Discounted price of \$70.00 payable to Town of Darien (send to **DYC—2 Renshaw Rd.**)

Pay per event (form to be dropped by 9/30/11 at **MMS** or sent to **DYC - 2 Renshaw Rd.**)

NAME _____ M/F _____

ADDRESS _____ PHONE _____

DOB _____ GRADE _____ SCHOOL _____

PARENTS' NAME & PHONE _____ CELL PHONE _____

PARENT E-MAIL _____

EMERGENCY NAME & PHONE NUMBER (Non-parent who is available during TOPS events)

HOLD HARMLESS & CONSENT FOR MEDICAL TREATMENT

1. I grant permission for _____ to participate in all TOPS (Teen Options) programs. Please list any allergies and/or medical conditions your child has of which we should be aware. _____
2. Does medication need to be administered during TOPS events? yes no
3. Physician's Name & Telephone #: _____
4. In the event of injury or illness of _____ and I or another parent, guardian or emergency contact cannot be contacted by reasonable & expeditious means, I hereby consent to any emergency medical treatment necessary to be administered by a licensed medical professional or facility.
5. In consideration for the privilege of participating in the Youth Commission's TOPS program, this is to certify that I, as a parent or guardian with legal responsibility for _____, do hereby consent and agree to hold the Town of Darien, its agents, employees and volunteers harmless from any and all claims for personal injury, bodily injury, illness and property damage arising from _____ participation in the Youth Commission's TOPS program.

Signature of Parent _____

Date _____

On-line registration available: www.darienct.gov

(203) 656-7326