

**DARIEN YOUTH COMMISSION
TOPS 8th GRADE REGISTRATION FORM
2009/10**

PAYMENT OPTION: (Please check one)

- Advance Payment - Discounted price of \$65.00 payable to Town of Darien (send to NYC-2 Renshaw Rd.)
 Pay per event (form to be dropped by 9/30/09 at MMS or sent to NYC - 2 Renshaw Rd.)

NAME _____ M/F _____
ADDRESS _____ PHONE _____
DOB _____ GRADE _____ MMS TEAM _____
SCHOOL _____

PARENTS' NAME & PHONE _____ CELL PHONE _____
PARENT E-MAIL _____

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

1. _____
2. _____

MEDICAL RELEASE & WAIVER

1. I grant permission for _____ to participate in all TOPS (Teen Options) programs sponsored by the Darien Youth Commission.
2. Please list any allergies and/or medical conditions your child has of which we should be aware.

3. Physician's Name & Telephone #: _____
4. Hospital Preference _____
5. 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 for _____ to be administered any emergency medical treatment necessary by a licensed medical professional or facility.
6. I (we) agree to hold the Town of Darien, its agents, employees and volunteers harmless from any and all claims for bodily injury, illness and property damage arising from the Youth Commission's TOPS programs.

Signature of Parent _____ Date _____

Parents: Please let us know if you would like to be on our core volunteer list. You will be e-mailed prior to events to confirm your availability. (This is not a commitment to every event, but indicates your interest in helping. Decorating, baking and chaperoning are a few examples of the help needed.)

On-line registration available: www.darienct.gov