

## Literacy Program Registration

Clinton TR Department: P.O. Box 156, Clinton MS 39060 Phone: 601-924-6387

### Program Registration Form

**Date:** \_\_\_\_\_ **Activity Registering for:** \_\_\_\_\_

**Name** \_\_\_\_\_  
Last First Initial

**Type of Disability/ Adaptations Needed:** \_\_\_\_\_

**Medications/Allergies:** \_\_\_\_\_

**Physical Address: (Required)**

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing Address: (if different from above)**

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Do you live within the Clinton City Limits?** (circle one) YES or NO

**Home Phone:** ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mother/Guardian's Name:** \_\_\_\_\_ **Father/Guardian's Name:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:**( ) \_\_\_\_\_ **Relation:** \_\_\_\_\_

I/We hereby give approval of participation in any and all activities connected with the above program. I/We assume all risk and hazards incidental to the conduct of the activity, and the transportation to and from the activities and I/We do further hereby release and hold harmless Enable and Inspire, INC, the Clinton Therapeutic Recreation Department, the City of Clinton, the sponsors, the supervisors (both staff and volunteers) and/or all of them from any and all claims of injury and/or claims arising from participation in the above activity.

\*\*\*Those individuals who are 18 years or younger must have a parent/guardian signature before participating. In case of injury to my child, I/We likewise waive all claims for damages that I/We might have against the above mentioned and likewise waive any claim against any person transporting my/our child to or from activities.

**Do you have accident insurance?** (circle one) YES or NO

\_\_\_\_\_  
 Player, Parent/Guardian Signature \_\_\_\_\_  
Date (mm/dd/yyyy)

**Mail Payments to: Clinton Therapeutic Recreation Department, P.O. Box 156, Clinton, MS 39056**

For office use only

**Payment \$** \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **CTRD Initial** \_\_\_\_\_ **Payment**

**Method:** Cash    Check# \_\_\_\_\_    Money Order \_\_\_\_\_