

Connecticut Recreation and Parks Association, Inc. Registration Form

Please Print:	
Name:	M/F:
Town where you will be competing:Milford	1
Email:	Phone:
An email address MUST be provided. All winners advancement to the state completion thro	will be notified of their
Address:	
City:Milford	State: Zip:
*Date of Birth:	Age as of 12/31/16:
	ificate or notarized statement must be submitted to CRPA prior to ne disqualified and not permitted to compete in the state contest.
Emergency	/ Information
Emergency Contact:	Relationship:
(Parent or Guardia	n)
Phone:	Alt. Phone:
(Other than that listed above)	
 Recreation and Parks Association, Inc. (CRPA) HotShots Context and utilize the sponsoring a facility. Both the participant and the parent/guardian above e using the host's facility at the participant's sole risk and the executors, administrators, and assigns, hereby release, disch Association, Inc. and it's sponsoring agencies. We certify that the information on the participation form is context. 	guardian have requested registration of the participant in the Connecticut test. In consideration of such registration, the right of the participant to agency's facilities and equipment is at the discretion of CRPA and the host each acknowledge that the participant will be competing in the contest and e participant, on his or her behalf and on the behalf of his or her heirs, harge, and agree to hold harmless the Connecticut Recreation and Parks rrect. g below constitutes the consent of all attendees, and the consent of the

• This event may be photographed or video-recorded. Signing below constitutes the consent of all attendees, and the consent of the parents or legal guardians of any minor children in attendance, to the future broadcast, publication or other use of photographs or videos at the sole discretion of the CRPA.

(Signature of Parent/Guardian)

(Today's Date)