

The Litchfield Community Center Guidelines For Participants

- Program is open to Litchfield Residents in 7th & 8th Grade
- Hours are 7:00 – 9:30 p.m. unless otherwise noted
- A signed permission form for each person must be on file at the Community Center in order to attend – Sorry no exceptions!
- Participants must sign in immediately upon arrival and must sign out before leaving. A door fee is usually collected but no teen will be denied entry if unable to pay
- Inappropriate behavior, to include language and / or illegal possession or use of drugs, alcohol, tobacco or weapons will not be tolerated at the Center. The Director or designee will notify the parent/guardian and the proper authorities and the teen will not be allowed to attend for the remainder of the year.
- The Director, other adult staff or volunteer should be notified immediately of any problem or concern so that it can be appropriately taken care of.
- REMEMBER: Respect yourself, Respect others (both peers and adults), Respect the Center's property, equipment and staff. HAVE FUN!

**COMPLETE AND SIGN BELOW
DETACH AND RETURN FORM TODAY!!**

LITCHFIELD COMMUNITY CENTER 421 BANTAM ROAD LITCHFIELD, CT 06759

Litchfield Community Center permission form and Hold Harmless Agreement (one per participant)

PARTICIPANT'S NAME _____ GRADE _____ AGE _____

MAILING ADDRESS _____ PHONE _____

PARENTS EMAIL ADDRESS: _____

EMERGENCY CONTACT/RELATIONSHIP TO PARTICIPANT

PHONE _____

HOLD HARMLESS

I, DESIRING TO HAVE MY MINOR CHILD PARTICIPATE IN THE (7th and 8th grade teen program) OFFERED AND SPONSORED BY THE LITCHFIELD COMMUNITY CENTER AND WITH FULL UNDERSTANDING OF THE GUIDELINES FOR PARTICIPATION, HEREBY AGREE TO HOLD HARMLESS THE LITCHFIELD COMMUNITY CENTER, IT'S OPERATING ORGANIZATION, OFFICERS, AGENTS, EMPLOYEES, VOLUNTEERS FROM ANY LOSS, COSTS, EXPENSES, INJURIES OR PROPERTY DAMAGE AND/OR LIABILITY WHATSOEVER, IN KIND OR NATURE WHICH MAY ARISE FROM PARTICIPATION. I ALSO AGREE THAT MY OWN MEDICAL AND OR DISABILITY INSURANCE WILL BE USED IN THE EVENT OF AN ACCIDENT OR INJURY, AND THAT IF I HAVE NO SUCH INSURANCE I WILL BE DIRECTLY RESPONSIBLE FOR ANY MEDICAL COSTS WHATSOEVER.

PARTICIPANT _____ DATE _____

PARENT/GUARDIAN _____ DATE _____