

# Wethersfield Parks & Recreation Department

## Household Information

Please complete the form below. Primary and Secondary (if applicable) contacts must also complete the information that is requested as a member of the household. Upon completing the form you may either mail it to Wethersfield Parks & Recreation Dept., 505 Silas Deane Highway, Wethersfield, CT 06109 or drop it off in our office in person. For security purposes please do not fax or e-mail the form back. Once your household has been established in our database you will be contacted and issued a User Name and Password and may begin registering on-line. An asterisk \* indicates a required field.

### HOUSEHOLD CONTACT INFORMATION

Primary Contact First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
Secondary Contact First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Household Address\* \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_  
Primary Contact Home Phone\* \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Primary Contact Email Address \_\_\_\_\_  
Emergency Contact First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Emergency Contact Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### MEMBER INFORMATION

#### MEMBER #1

Participant First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
Gender\*  M  F Date of Birth\* \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age\* \_\_\_\_\_ Grade\* (if applicable) \_\_\_\_\_  
Special Information (allergic reactions, medical conditions, medications, etc.) \_\_\_\_\_

#### MEMBER # 2

Participant First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
Gender\*  M  F Date of Birth\* \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age\* \_\_\_\_\_ Grade\*(if applicable) \_\_\_\_\_  
Special Information (allergic reactions, medical conditions, medications, etc.) \_\_\_\_\_

#### MEMBER # 3

Participant First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
Gender\*  M  F Date of Birth\* \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age\* \_\_\_\_\_ Grade\*(if applicable) \_\_\_\_\_  
Special Information (allergic reactions, medical conditions, medications, etc.) \_\_\_\_\_

#### MEMBER # 4

Participant First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
Gender\*  M  F Date of Birth\* \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age\* \_\_\_\_\_ Grade\*(if applicable) \_\_\_\_\_  
Special Information (allergic reactions, medical conditions, medications, etc.) \_\_\_\_\_

#### MEMBER # 5

Participant First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
Gender\*  M  F Date of Birth\* \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age\* \_\_\_\_\_ Grade\*(if applicable) \_\_\_\_\_  
Special Information (allergic reactions, medical conditions, medications, etc.) \_\_\_\_\_

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Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_