

Wethersfield Parks & Recreation Department Registration Form

Office Use: HH# _____

Submit with payment to:

Town of Wethersfield, Parks & Recreation Department, 505 Silas Deane Highway, Wethersfield, CT 06109.

HOUSEHOLD CONTACT INFORMATION

Primary Household Contact _____ Household Email _____
 Secondary Household Contact _____ Emergency Contact _____
 Address _____ Emergency Phone _____ Home Work Cell
 City, State, Zip _____ Relationship _____
 Home # _____ Work # _____ Cell # _____

PROGRAM REGISTRATION *(If swim lessons are included in program, please indicate level next to participant.)*

Participant(s)	Gender	Birthdate <i>(Required)</i>	Grade	Program Name	Program Code	Alternate Choice Program Code	Fee
<i>Total</i>							

Special Information (allergies, medical conditions, medications, etc.) _____

INDIVIDUAL POOL PASS - \$35.00

Office Use: Pass # _____

Name	Age	Birthdate <i>(Required)</i>

FAMILY POOL PASS - \$55.00 *Limited to 2 adults plus children.*

Office Use: Pass # _____

Name	Age	Birthdate <i>(Required)</i>	Name	Age	Birthdate <i>(Required)</i>

WAIVER

I acknowledge that there are certain risks in participating in a recreational activity and agree to assume the risk of injury which I and/or my child may encounter. I grant permission to seek emergency medical care on behalf of myself and/or child. (Medical approval is suggested for those participating in any exercise class.) I further agree I will not hold employees of the Town of Wethersfield or its agents liable for any injuries which I and/or my child may encounter. I also grant permission for photographs to be taken of myself and/or child and to be used in department publicity publications, unless otherwise noted in writing. In addition, I acknowledge that all household information provided is true and accurate. The Parks & Recreation Department may request further verification regarding the information provided.

Signature _____ Date _____

Cash Check or Money Order (payable to the Town of Wethersfield) MasterCard (see below) VISA (see below)

Office Use: Date Processed _____ By _____ Amount \$ _____ Cash Check # _____ Credit Card

CREDIT CARD PAYMENTS

I agree to pay the total amount above according to cardholder agreement. Please refer to refund policy in brochure.

Signature _____ Date _____

Credit Card Number _____ - _____ - _____ - _____ Expiration Date ____/____