

Wethersfield Parks & Recreation Department

505 Silas Deane Highway, Wethersfield, CT 06109 Phone: (860) 721-2890 wethersfieldct.gov/recreation

Pool Pass Registration Form**HOUSEHOLD CONTACT INFORMATION – ALL INFORMATION MUST BE COMPLETED**

Adult First Name _____ Last Name _____
 Adult First Name _____ Last Name _____
 Street Address _____ City _____ State ____ Zip _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ Email Address _____
 Emergency Contact _____ Relationship _____ Phone _____

POOL PASS	Individual Pass - \$40	Family Pass - \$65 (Limited to 2 adults and the children living in household)
------------------	-------------------------------	--

Did you purchase a 2019 summer pool pass?	YES	NO
---	-----	----

Individual Pass – First & Last Name	Age	DOB

	Family Pass - Name	Age	DOB	Family Pass - Name	Age	DOB
Adult 1						
Adult 2						

WAIVER - READ CAREFULLY AND SIGN BELOW

I acknowledge 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 grant permission for transportation in authorized vehicles for Parks & Recreation activities. I grant permission for photographs to be taken for department publicity unless otherwise noted in writing. In addition, I acknowledge all household information provided is true and accurate. The Parks & Recreation Department may request further verification regarding the information provided.

Adult Signature: _____ Date _____

PAYMENT INFORMATION (A separate form of payment is required for the pool pass if also registering for programs)

Payment Type: Check # _____ Cash _____ Credit Card
Donation for camp fund (Provides assistance for families unable to afford program fees for summer camp.)
Pool Pass Subtotal \$ _____
Donation + _____
 (optional)

Credit Card Signature _____ Date _____ **Total Amount** \$ _____
 I agree to pay the total amount according to the cardholder agreement. Please refer to refund policy in brochure.

Visa Mastercard Discover _____ - _____ - _____ - _____ Exp. Date ____/____