

**Wethersfield Parks & Recreation Department**

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

**Program 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 \_\_\_\_\_ Home \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**PROGRAM REGISTRATION**

Participant	M/F	DOB	Grade	Program Name	Program Code	Fee

Special Information (allergies, medical conditions, medications, etc.) \_\_\_\_\_

**POOL PASS – A POOL PASS REGISTRATION FORM AND SEPARATE FORM OF PAYMENT IS REQUIRED (form on page 22)****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 and 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**

Payment Type:  Check # \_\_\_\_\_  Cash \_\_\_\_\_  Credit Card \_\_\_\_\_  
**Donation for camp fund** (Provides assistance for families unable to afford program fees for summer camp.)  
**Program Fees 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 \_\_\_\_/\_\_\_\_