

Wethersfield Parks & Recreation Department

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

Program Registration Form**HOUSEHOLD CONTACT INFORMATION – PLEASE FILL OUT COMPLETELY**

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 _____

PROGRAM REGISTRATION

Participant	M/F	DOB	Grade	Program Name	Program Code	Fee

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

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

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 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.

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