

**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 \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**PROGRAM REGISTRATION**

Participant	M/F	DOB	Grade	Program Name	Program Code	Fee
				TLC THRILLING 3'S – DEPOSIT	210132-01	\$400
				TLC FEARLESS 4'S - DEPOSIT	210152-01	\$530

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

**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 – Make checks payable to Town of Wethersfield**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 \_\_\_\_/\_\_\_\_