

**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 \_\_\_\_\_

**PLEASE SELECT THE TYPE OF POOL PASS BEING PURCHASED**

<b>Individual Summer Pool Pass \$40</b>	<b>Individual Pass – First &amp; Last Name</b>	<b>Age</b>	<b>DOB</b>

<b>Family Summer Pass \$65</b>
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	<b>Family Pass - Name</b>	<b>Age</b>	<b>DOB</b>	<b>Family Pass - Name</b>	<b>Age</b>	<b>DOB</b>
<b>Adult 1</b>						
<b>Adult 2</b>						

**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 – 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.)

**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 \_\_\_\_ / \_\_\_\_