

Wethersfield Senior Center

30 Greenfield Street, Wethersfield, CT 06109 Phone: (860) 721-2979 Cell: (860) 781-0300

Program and Membership Registration Form**HOUSEHOLD CONTACT INFORMATION – ALL INFORMATION MUST BE COMPLETED**

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

PROGRAM REGISTRATION

Participant	M/F	DOB	Program Name	Program Code	Fee

Silver Sneakers #: _____**UHC Active Renew #:** _____

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

 Renewal Membership New Membership \$5.00 – Resident \$FREE – Age 90+ \$7.00 - Non-Resident**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 THE TOWN OF WETHERSFIELD**Payment Type: Check # _____ Cash _____ Credit Card **Program Fees Subtotal** \$ _____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 ____/____