

SECTION C – FRIENDS OF THE NATURE CENTER

Annual Memberships	Registration Fee	Lifetime Memberships	Registration Fee		
<input type="checkbox"/> Individual	\$15	<input type="checkbox"/> Individual	\$500		
<input type="checkbox"/> Family (2 Adult Max)	\$25	<input type="checkbox"/> Family (2 Adult Max)	\$1000		
<input type="checkbox"/> Group (Non-Profit, School , Scouts etc.)	\$40				
<input type="checkbox"/> Guardian of Nature	\$65 (Includes Pin & T-Shirt)				
Is this a renewal or new membership?	<input type="checkbox"/> Renewal		<input type="checkbox"/> New		
Member Information					
First & Last Name	Age	DOB	First & Last Name	Age	DOB
1)			4)		
2)			5)		
3)			6)		

SECTION D – POOL PASS

Individual Pool Pass - \$40

First & Last Name	Age	DOB

Family Pool Pass - \$65 (2 Adult Max)

First & Last Name	Age	DOB	First & Last Name	Age	DOB
1)			4)		
2)			5)		
3)			6)		

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 _____ / _____