

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

PROGRAM REGISTRATION

Participant	M/F	DOB	Program Name	Program Code	Fee

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

Annual Membership Fees: Residents - \$5.00 Non-Residents - \$7.00

\$5.00 - Resident \$7.00 - Non-Resident
 Renewal Membership New Membership

Please check if you are interested in the following programs:

{ } Exercise { } Crafts { } Movies { } Setback { } Bingo { } Cards/Games
 { } Golf { } Art { } Trips { } Choir { } Wii Bowling { } Continuing Education
 { } Lectures { } Entertainment/Music { } Volunteering { } Other _____

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
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 ____/____