91 Ayers Road
South Windsor, CT 06074
Fax No. 860-648-5048
Recreation.southwindsor.org
Rec@southwindsor.org

PLEASE INDICATE IF THERE HAS BEEN A CHANGE TO ANY OF THE FOLLOWING:
__ Address __ Home Phone __ Cell Phone __ Email Address

South Windsor Parks & Recreation Department Household Registration Form

PARENT/GUARDIAN PRIMARY CONTACT INFORMATION

Last Name:	**First Name:**	**Date of Birth:**
Address:		
Town/City:	**Zip Code:**	
Home Phone:	**Cell Phone:**	**Work Phone:**
Email Address (REQUIRED):		

EMERGENCY CONTACT INFORMATION

1st Contact Name:	**2nd Contact Name:**
Phone:	**Phone:**
Relationship:	**Relationship:**

ACTIVITY REGISTRATION INFORMATION (There Is An Additional $10.00 Per Activity For Non-Residents)

Last Name:	First Name:	Date of Birth	Gender	Grade	Activity Name:	Fee

Payment Method:

__ Visa __ MasterCard __ Discover __ Cash __ Check

Credit Card Number _____ Exp Date _____ CVC _____

SPECIAL NEEDS ACCOMODATIONS

If any participant is an individual who has special accommodation requests or information helpful to the instructor/leader, please fill out a Special Needs Request Form (found online under Inclusion Services) or contact Cheryl Gerber at Cheryl.Gerber@southwindsor.org two weeks prior to the start of the program

Waiver of Participant by parent or self: In consideration of your accepting my or my child's registration and entry, I hereby for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Town of South Windsor or the Recreation; and its representatives, successors and assigns, for any and all injuries suffered by myself or my child at the activity sponsored by these groups. I understand there is inherent risk associated with the(se) activity(ies) and authorize emergency medical treatment and transportation in my absence.
PHOTO RELEASE: THE SOUTH WINDSOR RECREATION DEPARTMENT MAY VIDEOTAPE OR TAKE PHOTOGRAPHS OF PARTICIPANTS ENROLLED IN RECREATION ACTIVITIES CLASSES OR PROGRAMS. THESE PHOTOS AND/OR VIDEOTAPES MAY BE USED FOR PROMOTIONAL PURPOSES. If any of the above participants are minors,, I certify by my signature that I am the custodial parent or guardian; or I have the expressed authorization of the custodial parent, or guardian to enroll said participant(s) in the specified activities listed.

Date:_____ **Signature:**_____

Print Name: _____