



350 Foster Street
 South Windsor, CT 06074
 Fax No. 860-648-5048
 Recreation.southwindsor.org
rec@southwindsor-ct.gov

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 _____

PROGRAM ACCOMODATIONS REQUEST:

If any participant is an individual who has special accommodation requests or information helpful to the instructor/leader, please fill out a Program Accomodation Form (found online under Inclusion Services) or contact Rec@SouthWindsor-CT.Gov 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: _____