



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

### VMP POOL PASS REGISTRATION

Last Name:	First Name:	Date of Birth	Gender	Pool Pass Type (Resident or Non-Resident, Child, Adult, Senior)	Fee

Payment Method:    \_\_ Visa    \_\_ MasterCard    \_\_ Discover                    \_\_ Cash    \_\_ Check    Check # \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVC \_\_\_\_\_

#### PROGRAM ACCOMODATION 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 Youth Programs - Inclusion) or contact our department at 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. *By typing my name below, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_