

REGISTRATION FORM

For Classes, Clinics, Lessons, Programs & Trips

MAKE CHECKS PAYABLE TO:

WOODBIDGE RECREATION

MAIL TO: WOODBRIDGE RECREATION DEPARTMENT

11 Meetinghouse Lane, Woodbridge, CT 06525

THIS FORM MAY BE DUPLICATED FOR ADDITIONAL REGISTRATIONS

ADULT NAME (Of person completing this form): _____

Home # _____ Work # _____

Cell # _____ Email: _____

Address: _____ City: _____ Zip: _____

In Case of Emergency Call: _____ Phone _____
 (Other than spouse/parent/guardian, i.e. friend, neighbor, grandparent)

PARTICIPANT NAME <small>(Including name above if participating)</small>	DOB	GRADE	Male/ Female	PROGRAM / TRIP	FEE
T-Shirt (If Applicable) Circle Size YS YM YL AS AM Allergies/Medications/Other Information (Please Specify) _____ _____				TOTAL FEE(S):	

*Please note that there are no refunds for trips or programs

RELEASE OF LIABILITY:

I hereby give my permission for the aforementioned child to participate in the program known as Woodbridge Recreation whether the activities are located on the property of the Town of Woodbridge or not.

I do hereby release and discharge the Town of Woodbridge and the Woodbridge Recreation Department, it's agents, servants and employees from any liability whatsoever that may result in injury or bodily harm, including death, or property damage that said child might sustain while participating in the aforementioned program(s).

Signature of Participant (18 years or older): _____

Signature of Parent/Legal Guardian: _____ Date: _____

For Office Use Only: Date: _____ Cash: _____ Check#: _____ Initials: _____