



# Newington Parks & Recreation Registration Form

131 Cedar St. Newington, CT 06111 Phone: 860-665-8666 Fax: 860-665-8739

www.NewingtonCT.gov

## PRIMARY HOUSEHOLD CONTACT INFORMATION

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt./Box # \_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

[ ] Check if new address Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

If there are any medical concerns, allergies or special needs that we should be aware of, please list here: \_\_\_\_\_

Supplemental medical forms are available online or in our office.

## PROGRAM INFORMATION

One registration form can be used for more than one person in the same household.

First and Last Name	M/F	DOB	Program ID #	Program Name	Fee	Alternate ID#

## PLEASE READ CAREFULLY AND SIGN BELOW

Assumption of Liability: Participation in the activity may involve risk or injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Town of Newington, its employees, contracted instructors, and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the Town of Newington does not provide accident/medical insurance for the program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the above named parent/guardian/emergency contact cannot be reached at the phone numbers provided. The Parks and Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Parks and Recreation use only and may be used in future catalogs, website, brochures, pamphlets, and/or flyers.

ADULT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please note that there is a \$10 minimum for all credit card transactions.**

TOTAL FEES: \$ \_\_\_\_\_

**“ROUND UP” For Youth Recreation** Rounding up your program fee helps provide financial assistance for those unable to afford the program fees for youth activities.



+ \_\_\_\_\_

Circle Method of Payment: Cash Check Credit Card

TOTAL AMOUNT: \$ \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_ Security Code \_\_\_\_\_ EXP. DATE \_\_\_\_ / \_\_\_\_

(Found on back of card)

Circle type of card: VISA MASTERCARD DISCOVER