



Newington Parks and Recreation

Building a Strong Community

200 Garfield St. Newington, CT 06111 Phone: 860-665-8666 Fax: 860-665-8739 www.NewingtonCT.gov

Community Gardens Registration Form

PRIMARY HOUSEHOLD CONTACT INFORMATION - PLEASE FILL OUT COMPLETELY

First Name _____ Middle Initial ____ Last Name _____ Gender ___ DOB ___/___/___

Street Address _____ City _____ State ___ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Extension _____

Cell Phone (____) _____ Email Address _____

Emergency Contact #1 _____ Relationship _____ Phone (____) _____

Emergency Contact #2 _____ Relationship _____ Phone (____) _____

COMMUNITY GARDENS INFORMATION

Returning Gardener New Gardener Community Garden Plot # _____

READ CAREFULLY AND SIGN BELOW

This Community Garden Plot Agreement allows the above named resident to lease the aforementioned plot of the Town-owned land referred to as Deming-Young Farm, 282 Church Street, Newington, for the purpose of growing a garden during the current growing season. The fee for such use is \$40 per plot.

I have received the Community Garden Rules and agree that I will abide by them. I understand that failure to comply with Community Garden Rules may result in loss of use of the plot and forfeiture of all payment.

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. During the COVID-19 pandemic, I also understand that I must adhere to all CDC, state, and local COVID-19 guidelines, including all social distancing, temperature checks, personal protective equipment requirements, and sanitation protocols. I acknowledge that there is a risk of transmission when in a group or class setting, even with personal protective equipment. 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, social media, brochures, pamphlets, and/or flyers.

ADULT SIGNATURE: _____

DATE: _____

PAYMENT INFORMATION

Payment Type: Cash Check Credit Card Debit

Please make checks payable to: Newington Parks and Recreation

Fee Subtotal: \$ _____

Credit Card Type: Visa Mastercard Discover

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

"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.

+ \$ _____

TOTAL AMOUNT: \$ _____

CREDIT CARD #: _____ EXP. DATE ___ / ___ Sec. Code _____

r. 2/16

FOR OFFICE USE ONLY: Required Proof of Residency: _____