



Newington Parks and Recreation

Building a Strong Community

200 Garfield St. Newington, CT 06111

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www.NewingtonCT.gov

Activity 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 (____) _____

ACTIVITY INFORMATION

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

Participant's First and Last Name	M/F	DOB	Special Medical Concerns?	Activity Code #	Program Name	Fee
			[] Yes [] No			
			[] Yes [] No			
			[] Yes [] No			
			[] Yes [] No			

*If any participant above has special medical concerns, allergies or special needs that we should be aware of, please describe: _____

Concussion Information: <https://www.cdc.gov/headsup/index.html>

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 that may occur while participating in the activity. 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 understand that participation in any recreational or sports activity involves risk. I further understand that the Town of Newington does not provide accident/medical insurance for the program participants. In addition, I permit the participant to be treated by qualified medical personnel if 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, websites, social media, brochures, pamphlets, and/or flyers. No refunds will be given after a participant has registered and paid for a program, except for medical reasons (illness or injury) which prohibit active participation in the program. Refund Requests must be accompanied by a note from the participant's physician. The amount refunded will be pro-rated to reflect the number of classes remaining at the time of request. A \$20 processing fee is also required at the time of the refund.

ADULT SIGNATURE: _____

DATE: _____

PAYMENT INFORMATION

Payment Type: [] Cash [] Check [] Credit Card [] Debit

Credit Card Type: [] Visa [] Mastercard [] Discover

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

Activity Fee Subtotal: \$ _____

"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: \$ _____

Signature for Credit Card Use: _____ Date: _____

CREDIT CARD #: _____ EXP. DATE ____/____ Security Code: _____