



Newington Parks and Recreation

Building a Strong Community

131 Cedar St. Newington, CT 06111

Phone: 860-665-8666

Fax: 860-665-8739

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: _____

Supplemental registration forms are available in our office or on our website: www.newingtonct.gov/parksandrec.

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, 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 time of request.

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: _____