



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

Pool Pass 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 (_____) _____

ADDITIONAL HOUSEHOLD MEMBER INFORMATION

Pool passes are available to Newington residents only. All household members listed below must permanently reside at the address listed above. Proof of residency is required. **Household Maximum: 8 people.**

First and Last Name	M/F	DOB	Special Medical Concerns?	First and Last Name	M/F	DOB	Special Medical Concerns?
			[] Yes [] No				[] Yes [] No
			[] Yes [] No				[] Yes [] No
			[] 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. **Please keep your key fob from year-to-year! The fob can be renewed each year. If lost, a \$3.00 replacement fee will be added to your next pool pass purchase.**

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.

Pool Pass Fee Subtotal: \$ _____

"ROUND UP" For Youth Recreation + \$ _____

Rounding up your pool pass 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: _____