Activity Registration Form

ACTIVITY REGISTRATION

Ridgefield Parks & Recreation

Please print using all CAPITAL LETTERS • Enter name of head of household

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE NO. ___ - ___ - ____

WORK PHONE NO. ___ - ___ - ____ EXT. _____

EMERGENCY PHONE NO. ___ - ___ - ____ EXT. _____

E-MAIL ADDRESS _____

MEMBER _____ **NON-MEMBER _____**

Credit Card Payment: ____Visa ____Mastercard

Credit Card Number: _____

Expiration Date: ____/____/____

Card Code: _____

Activity #	Participant Name	Age	Sex	Date of Birth	Activity Name	Activity Fee

Total Paid $

Anyone with special needs and requiring accommodation should contact Barbara Carvalho, Special Services Coordinator, at 431-2755 x142.

Is child in good physical condition?_____ If not, explain briefly: _____

Any special info staff should know? _____

REFUNDS: If an individual cancels a class within a week prior to the opening session, a small administrative fee will be deducted. Once a class is in session there will be no refund paid.

WAIVER OF TOWN LIABILITY: I recognize because of the nature of this activity that an injury might occur. In the event of an injury to myself or my family member, I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Ridgefield P & R, its employees and instructors. I understand that this release applies to any present or future injuries. **I agree that all pictures taken during activities may be used for local advertising purposes at the discretion of the Ridgefield Recreation Center.**

I have read this and sign it voluntarily.

Signed: _____ ***Date:*** _____

MAKE CHECKS PAYABLE TO: Ridgefield Parks & Recreation, P.O. Box 633, Ridgefield, CT 06877 Office Hours: Mon-Fri 8:30am-4:30pm Phone #: (203) 431-2755