

REGISTRATION FORM
For Classes, Clinics, Lessons, Programs & Trips
MAKE CHECKS PAYABLE TO:
WOODBRIDGE RECREATION
MAIL TO: WOODBRIDGE RECREATION DEPARTMENT
11 Meetinghouse Lane, Woodbridge, CT 06525

THIS FORM MAY BE DUPLICATED FOR ADDITIONAL REGISTRATIONS

ADULT NAME (Of person completing this form): _____

Home # _____ Work # _____

Cell # _____ Email: _____

Address: _____ City: _____ Zip: _____

In Case of Emergency Call: _____ Phone _____
 (Other than spouse/parent/guardian, i.e. friend, neighbor, grandparent)

PARTICIPANT NAME (Including name above if participating)	DOB	GRADE	M/F	PROGRAM / TRIP	Fee	✓ = ATTENDS BEECHER EXT. DAY PGM
T-Shirt (If Applicable) Circle Size YS YM YL AS AM Allergies/Medications/Other Information (Please Specify) _____	TOTAL FEE(S):					

*Please note that there are no refunds for trips or programs

RELEASE OF LIABILITY:

I hereby give my permission for the aforementioned child to participate in the program known as Woodbridge Recreation whether the activities are located on the property of the Town of Woodbridge or not.

I do hereby release and discharge the Town of Woodbridge and the Woodbridge Recreation Department, its agents, servants and employees from any liability whatsoever that may result in injury or bodily harm, including death, or property damage that said child might sustain while participating in the aforementioned program(s).

Signature of Participant (18 years or older): _____

Signature of Parent/Legal Guardian: _____ Date: _____

For Office Use Only: Date: _____ Cash: _____ Check#: _____ Initials: _____