

## REGISTRATION FORM

*For Classes, Clinics, Lessons, Programs & Trips*

**MAKE CHECKS PAYABLE TO:**

**WOODBIDGE 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)

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

\*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, it's 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: \_\_\_\_\_