

PLEASE INDICATE IF THERE HAS BEEN A CHANGE TO ANY OF THE FOLLOWING:

Address Home Phone Cell Phone E-mail Address



150 Nevers Road
 South Windsor CT 06074
 Fax No. 860-648-5048
 recreation.southwindsor.org

SOUTH WINDSOR
 Parks & Recreation

South Windsor Parks & Recreation Household Registration Form (please print clearly)

PARENT/GUARDIAN PRIMARY CONTACT INFORMATION

Last Name:		First Name:	
Address:			
Town/City:			
Home Phone:		Work Phone:	Cell Phone:
Email Address: <small>REQUIRED</small>			

EMERGENCY CONTACT INFORMATION

1 st Contact Name:		2 nd Contact:	
Phone:		Phone:	
Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Relative		Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Relative	

ACTIVITY REGISTRATION INFORMATION (There Is An Additional \$10.00 Per Activity For Non-Residents)

Last Name	First Name	Date of Birth	Gender	Grade	Activity Name	Activity No.	Fee

Payment Methods: Visa MasterCard American Express Cash Check No. _____

Exp Date _____ Drivers License No _____

CVC _____ Expiration Date ____/____/____

Youth Basketball: Please circle one day that your child cannot practice. We will try to fulfill your choice as dates are dependent upon coaches who volunteer their time and facility availability.

MON TUES WED THUR FRI

Check here if interested in coaching Youth Basketball

REMINDER! – Ask for Coaching Packet

If any participant is an individual who has special accommodation requests or information that will be helpful to the instructor/leader, please check the box. You'll be asked to fill out an additional Accommodation Form.

Please list the participant(s) name(s) and any allergies, medications and special health considerations.

Waiver of Participant by parent or self: In consideration of your accepting my or my child's registration and entry, I hereby for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Town of South Windsor or the Recreation Department; and its representatives, successors and assigns, for any and all injuries suffered by myself or my child at the activity sponsored by these groups. I understand there is inherent risk associated with the(se) activity(ies) and authorize emergency medical treatment and transportation in my absence. **PHOTO RELEASE: THE SOUTH WINDSOR RECREATION DEPARTMENT MAY VIDEOTAPE OR TAKE PHOTOGRAPHS OF PARTICIPANTS ENROLLED IN RECREATION ACTIVITIES, CLASSES OR PROGRAMS. THESE PHOTOS AND/OR VIDEOTAPES MAY BE USED FOR PROMOTIONAL PURPOSES.** If any of the above participants are minors, I certify by my signature that I am the custodial parent or guardian; or I have the expressed authorization of the custodial parent, or guardian to enroll said participant(s) in the specified activities listed.

Date: _____ Signature _____

Print Name _____