



**YOU MUST PRE-REGISTER
FOR ALL PROGRAMS**

REGISTRATION FORM

FOR OFFICE USE ONLY

DATE: _____ REC'D BY: _____

CASH/CREDIT/CHECK # _____

RECWARE WAIVER CONFIRMATION

NO REGISTRATION WILL BE COMPLETED WITHOUT PAYMENT

PLEASE CUT OUT THIS FORM BEFORE SENDING IN.

Name/Adult: _____

Mailing Address: _____

Has this Address changed since you last registered? ___yes ___no

Evening Phone: _____ Day Phone: _____ E-mail: _____

Secondary Emergency Contact: _____ Phone: _____

MEDICAL INFORMATION

Physician: _____ Phone: _____

Please list any allergies, medications, or previous conditions which we should be aware of:
i.e. ADD, ADHD, Hearing impaired, Visually Impaired, Special Ed, etc. Allergies i.e. Peanuts, Laytex, Bee Stings, etc.

Do you need an accommodation because of a disability to enjoy this program? YES NO

Wheel Chair Access for Bus Trips

ASSUMPTION OF LIABILITY

Participation in the activity may involve risk of 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 Colchester, its employees contracted instructors and volunteers from the liabilities which may occur while participation in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the Town of Colchester does not provide accident/medical insurance for program participants. In addition, I give permission for the child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian can not be reached at the phone numbers provided.

Signature (Parent/Guardian if participant is under 18) _____ Date _____

Other Signatures (All those listed below over 18 years of age must sign the release.) _____ Date _____

Please Circle: Credit Card#: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Participant	Sex	Date of Birth	Grade	Activity Number	Cost	Activity Name

Please send this form to:
Parks & Recreation • 127 Norwich Avenue • Colchester, CT 06415
or fax to 537-0547
Make check payable to: Town of Colchester

Non-Resident Fee \$15.00 per class
Scholarship Fund Donation
Total Due