Registration Form

Household Information

Primary Guardian First Name	Primary Guardian Last Name	
Address	Please E-Mail Receipt to the E-Mail Below	
City, State, Zip	Sex	E-Mail
Home Phone ( )	Work Phone ( )	Cell Phone ( )
Emergency Contact	Relationship	Cell Phone ( )

Participant Information

Participant First Name	Participant Last Name	
Date of Birth	Grade Completing	Sex
Allergies	Medication/Other	

Registration Information

Program Choices		Activity Type	Activity Description	Activity Number	Amount Paid	Office Use
Programs fill up quickly! We highly recommend including an alternate choice or choices where applicable!						
1	1st Choice					
	2nd Choice					
	3rd Choice					
2	1st Choice					
	2nd Choice					
	3rd Choice					
3	1st Choice					
	2nd Choice					
	3rd Choice					
Pool Passes ☐ Indoor Pool	Pass Type ☐ Individual ☐ Household	Indicate Names of ALL Family Members (Ages 2 & Up) Who Require Passes and Reside at the Above Address:			TOTAL	

Waiver

Being of full age and in consideration of my (my child's)participation in this class, I do hereby release and forever discharge the Town of Glastonbury, and their agents and employees, their representatives, successors, and assignees, from all claims arising out of any and all personal injuries, damages, expenses, and any loss or damage whatsoever resulting or which may result from participation in this program.

Signature: Date:

	Complete a **SEPARATE** form for each person and sign the waiver. Please **PRINT.** You may copy this form or print a copy from our website at www.glastonbury-ct.gov
	Mail your Form, Payment, Business Size Self Addressed **STAMPED** envelope (or include e-mail address for e-mail confirmation) to: Parks and Recreation, Program Registration, PO Box 6523, Glastonbury, CT 06033

Payment Information

Check	Write a SEPARATE CHECK for each program. Make checks payable to "Town of Glastonbury"		
☐ Mastercard ☐ Visa ☐ Discover	Name on Card		
	Credit Card Number	Expiration	Code