



Name of Program _____

Date: _____
Paid: _____
Check/\$ _____
Check # _____
Initials _____

WESTBROOK PARK AND RECREATION PROGRAM REGISTRATION FORM

Registration is open to all on a first come, first serve basis. Individuals can register by mail or in person. Please complete the registration form below and remit with the proper fee (either cash or check) to the **Town of Westbrook - Park and Recreation, 866 Boston Post Road, Westbrook, CT 06498.** Registrations are not complete until the program fee has been paid in FULL.

Primary Information- Parent/ Guardian

Name _____ Address _____ Town _____
State _____ Zip _____ Home Phone _____
Work Phone _____ Emergency Contact _____ Phone _____
E-Mail _____ Other _____

Is the parent/guardian willing to coach/assist ? Yes No

Participant Information

Name _____ Age _____ Grade _____ Date of Birth _____
Gender _____ Allergies/Health Concerns _____
Shirt Size (S, M, L) _____ Youth or Adult (Please circle one)
Short Size (S, M, L) _____ Youth or Adult (Please circle one)

Refund Policy

- Refunds are not granted unless activity is canceled.
- All activities are offered on a basis of adequate participation.
- A physicians note will be required if cancellation is due to illness for a FULL refund.
- If an individual cancels the week before a program begins, a program credit is given.
- If an individual cancels after one class/one week (depending on program) an 80% refund is issued.
- If an individual cancels after two classes/ two weeks (depending on program) a 60 % refund is issued.
- If an individual cancels after three classes/three weeks (depending on program) a 40 % refund is issued.

Release of Liability

I will release all rights and claims that might be had against the Town of Westbrook, it's hired or contracted instructors, their employees and agents, for all and any injuries or losses which may be suffered because of my participation or my child/ children's participation in the above activity offered by the Town of Westbrook. I consent to my child/children participation in the above activity and authorize the district and it's employees/agents to provide emergency treatment for my child/children's behalf. I give permission to have my photo or a photo of my child/children taken during classes, and used for publicity purposes for the Town of Westbrook Park and Recreation Department. I understand that the Westbrook Park and Recreation Department will not held responsible for any injuries sustained as a result of participation in any of the programs. I also understand that I must carry accident and liability insurance for my child/children.

Signature of Participant (must be 18 or older) _____

Signature of Parent/ Guardian _____ Date _____