

# Ridgefield Recreation Center Registration Form

Name: \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Emergency Name: \_\_\_\_\_ Emergency Number: (\_\_\_\_) \_\_\_\_\_  
 Work Number: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 How did you hear about us? Birthday Parties \_\_\_\_ Kids Events \_\_\_\_ Newspaper \_\_\_\_ Realtor \_\_\_\_  
 Online Search \_\_\_\_ Website \_\_\_\_ Other \_\_\_\_ Friend Referral (Print Name): \_\_\_\_\_

### MEMBERSHIPS

### ADD-ON OPTIONS

Family Rec. \$250	Couple Rec. \$190	Single Rec. \$125	Senior/Disabled (60+) 10% Discount	Non-Residents Add \$130/person	Single Lap \$230	Wellness Center (16+) \$360	TOTAL \$ _____
----------------------	----------------------	----------------------	--	-----------------------------------	---------------------	--------------------------------	-------------------

### MEMBERS

*\*\* Anyone with special needs should contact Barbara Carvalho at 431-2755\*\**

Name	Grade	Sex	D.O.B	Options

Is child in good physical condition?

YES NO

If NO, please explain briefly:

Any special info. staff should know?

**\*\*If Registering for Skate Park Activities\*\***  
(Please specify your child's sport)

Skateboarder  
 Inline Skater

**ACTIVITIES**  
(Adult and Child)

**Senior/Disabled Discount 10%**

Participant Name	Sex	Date of Birth	Barcode	Activity Name	Activity Fee

**REFUNDS:** If an individual cancels a class within a week prior to the opening session, a small administrative fee will be deducted. Once a class is in session there will be no refund paid.

**WAIVER OF TOWN LIABILITY:** I recognize that by the nature of this activity that an injury might occur. In the event of an injury to my family member, or myself I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Parks & Recreation, its employees, and instructors of all liability. I understand that this release applies to any present or future injuries. I agree that all photos taken during activities may be used for local advertising purposes at the discretion of the Ridgefield Recreation Center. **16 & 17 year olds using the Wellness Center MUST have a signed parent/guardian waiver.**

I have read this and sign it voluntarily.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**MAKE CHECKS PAYABLE TO:** Ridgefield Parks & Recreation, 195 Danbury Rd, Ridgefield, CT 06877 • Office hours: Mon-Fri 8:30-4:30pm • Phone: (203)431-2755

Payment: VS ____ MC ____ Check ____ Cash ____ Check # _____ CC #: _____ Exp: _____	Subtotal (Activities): \$ _____ Membership Fee: \$ _____ <hr/> <b>Total:</b> \$ _____
--	---