

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 and over) 10% Discount	Non-Residents Add \$130/person	Single Lap \$230	Wellness Center (18 & older) \$360	TOTAL \$ _____
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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.**

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/> Total: \$ _____
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