



PROGRAM REGISTRATION FORM

Please DO NOT drop off registrations at the Recreation Office during the mail-in/on-line/fax-in only registration.

Write separate checks for each program to avoid delay in registration process. Consider yourself registered if you DO NOT hear from us. If you would like confirmation of registration include your email address on this form or include a self addressed, **stamped envelope**.

Parent/ Guardian Name:						Home Phone:				
Work Phone:						Cell Phone:				
Address:						Email:				
Participants Name	Grade	DOB	Age	M/F	Activity name	Session	Start Date	Time	Day	Fee
AE/Visa/MC #: _____ Exp. date _____ Security Code _____ (found on the back of the card) Cash _____ Check #(s) _____						Sub-Total				
						Non Resident Add \$5 per person / per activity				
						Total				

Will you need an accommodation because of disability to enjoy this program? Yes No

Explanation: _____

Waiver & Medical Release – I recognize that there are inherent risks in participating in any recreational or sports activity. In consideration of your accepting this entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Town of Tolland or Tolland School District and its representatives, successors and assigns for any and all injuries suffered by myself or my child during participation in the registered activity. In case of an accident occurring during my or my child’s participation I hereby grant permission to the Town of Tolland, to utilize any emergency medical care it deems necessary to treat any injuries suffered by myself or my child. I further understand the Town of Tolland Recreation Department reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of the Town of Tolland Recreation Department and may be used for publicity or promotional purposes only.

SIGNATURE OF PARENT/GUARDIAN _____

Date _____