

Ridgefield Recreation Center Registration Form

** Indicates fields that are required.*

*Name: _____ *Home/Cell Phone Number: () _____

*Emergency Name: _____ *Emergency Number: () _____

*E-Mail Address: _____

*Address: _____ *City: _____ *State: _____ *Zip: _____

RESIDENT MEMBERSHIPS

Recreation \$120/\$240	Lap Swim \$420	Wellness \$480	All-Inclusive \$600/\$1020	Senior/Disabled/Military (60+) 10% DISCOUNT	Add Unlimited SPIN® & TRX \$300	TOTAL \$ _____
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MEMBERS **All fields required*

NAME	GRADE	SEX	D.O.B	OPTIONS

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

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

SENIOR/DISABLED/MILITARY

**All fields required*

ACTIVITIES *(Adult & Child)*

PARTICIPANT NAME	SEX	D.O.B.	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 understand that Ridgefield Parks & Recreation can contact me via email with any updates and news. **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: \$ _____

Total: \$ _____