

.1. Registration Form

Household Information							
Primary Guardian First Name				Primary Guardian Last Name			
Address				Please E-Mail Receipt to the E-Mail Below			
City, State, Zip				Sex		E-Mail	
Home Phone ()				Work Phone ()			
Emergency Contact				Relationship			
Participant Information							
Participant First Name				Participant Last Name			
Date of Birth				Grade Completing			Sex
Allergies				Medication/Other			
Registration Information							
Program Choices	Program Name	Day(s)	Date	Time	Location	Cost	
Programs fill up quickly! We highly recommend including an alternate choice or choices where applicable!							
1	1st Choice						
	2nd Choice						
2	1st Choice						
	2nd Choice						
3	1st Choice						
	2nd Choice						
Pool Passes <input type="checkbox"/> Yearly	Pass Type <input type="checkbox"/> Individual <input type="checkbox"/> Household	Indicate Names of ALL Family Members (Ages 2 & Up) Who Require Passes and Reside at the Above Address:				TOTAL:	
Waiver							
Being of full age and in consideration of my (my child's) participation in this class, I do hereby release and forever discharge the Town of Glastonbury, and their agents and employees, their representatives, successors, and assignees, from all claims arising out of any and all personal injuries, damages, expenses, and any loss or damage whatsoever resulting or which may result from participation in this program.							
Signature:				Date:			
Payment							
Complete a SEPARATE form for each person and sign the waiver. Please PRINT. You may copy this form or print a copy from our website at www.glastonbury-ct.gov							
Mail your Form, Payment, Business Size Self Addressed STAMPED envelope (or include e-mail address for e-mail confirmation) to: Parks and Recreation, Program Registration, PO Box 6523, Glastonbury, CT 06033							
Check	Write a SEPARATE CHECK for each program. Make checks payable to "Town of Glastonbury"						
<input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Disc	Name on Card						
	Credit Card Number				Expiration		Code