



**YOU MUST PRE-REGISTER  
FOR ALL PROGRAMS**

**REGISTRATION FORM**

**FOR OFFICE USE ONLY**

DATE: \_\_\_\_\_ REC'D BY: \_\_\_\_\_

CASH/CREDIT/CHECK # \_\_\_\_\_

RECWARE  WAIVER  CONFIRMATION

NO REGISTRATION WILL BE COMPLETED WITHOUT PAYMENT

PLEASE CUT OUT THIS FORM BEFORE SENDING IN.

Name/Adult: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Has this Address changed since you last registered?  yes  no

Evening Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies, medications, or previous conditions which we should be aware of:  
i.e. ADD, ADHD, Hearing impaired, Visually Impaired, Special Ed, etc. Allergies i.e. Peanuts, Laytex, Bee Stings, etc.

Do you need an accommodation because of a disability to enjoy this program? YES NO

Wheel Chair Access for Bus Trips

**ASSUMPTION OF LIABILITY**

Participation in the activity may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Town of Colchester, its employees contracted instructors and volunteers from the liabilities which may occur while participation in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the Town of Colchester does not provide accident/medical insurance for program participants. In addition, I give permission for the child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian can not be reached at the phone numbers provided.

Signature (Parent/Guardian if participant is under 18) \_\_\_\_\_ Date \_\_\_\_\_

Other Signatures (All those listed below over 18 years of age must sign the release.) \_\_\_\_\_ Date \_\_\_\_\_

Please Circle: Credit Card#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Participant	Sex	Date of Birth	Grade	Activity Number	Cost	Activity Name
				9101.005	0	Cody Camp Opening

Please send this form to:  
Parks & Recreation • 127 Norwich Avenue • Colchester, CT 06415  
or fax to (888) 468-6093  
Make check payable to: Town of Colchester

Non-Resident Fee \$ 20.00 per class
Scholarship Fund Donation
Total Due