

WINDSOR RECREATION REGISTRATION FORM

PROGRAM: _____ DAY: M T W Th F TIME: _____

NAME: _____ AGE: _____ GENDER: M / F

MAILING ADDRESS: _____

CIVIC ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE NUMBER (HOME): _____ (OTHER): _____

SPECIAL HEALTH CONSIDERATIONS and/or ADDITIONAL NOTES: _____

HEALTH CARD NUMBER: _____ EXPIRY: _____

EMERGENCY CONTACTS (PARENT/GUARDIAN and Other)

NAME: _____

NAME: _____

HOME PHONE: _____

HOME PHONE: _____

CELL PHONE: _____

CELL PHONE: _____

OTHER PHONE: _____

OTHER PHONE: _____

RELATIONSHIP TO PARTICIPANT: _____

RELATIONSHIP TO PARTICIPANT: _____

I, THE ABOVE NAMED CANDIDATE FOR THE PROGRAM SELECTED ABOVE, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND TRANSPORTATION TO AND FROM THE PROGRAM.

IT IS UNDERSTOOD AND AGREED THAT THERE IS RISK IN ANY PROGRAM AND THE TOWN OF WINDSOR, ITS STAFF, ITS PROFESSIONAL AND NON-PROFESSIONAL VOLUNTEERS, AND ITS SPONSORS ARE IN NO WAY RESPONSIBLE FOR THE DAMAGE TO OR LOSS OF PROPERTY, INJURY OR DEATH TO PARTICIPANTS.

I, THE UNDERSIGNED, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE THE TOWN OF WINDSOR, THEIR SUCCESSORS AND ASSIGNS, OF AND FROM ALL MANNER OF ACTIONS, CAUSES OF ACTION, DEBTS, ACCOUNTS, COVENANTS, CONTRACTS, CLAIMS AND DEMANDS WHICH I EVER HAD, NOW HAVE OR MAY HAVE OR WHICH, MY HEIRS, EXECUTORS, ADMINISTRATORS OR ASSIGNS OR ANY OF THE HERINAFTER CAN, SHALL OR MAY HAVE, FOR ANY REASON OF ANY CAUSE, MATTER OR THING WHATSOEVER.

I, THE UNDERSIGNED, FURTHER AGREE TO INDEMNIFY AND SAVE HARMLESS TO THE TOWN OF WINDSOR, ITS STAFF AND ITS PROFESSIONAL AND NON-PROFESSIONAL VOLUNTEERS AND ITS SPONSORS FROM ALL CLAIMS, INCLUDING COSTS ON A SOLICITOR AND CLIENT BASIS, ARISING FROM ANY LOSS, INJURY OR DEATH SUFFERED BY ME ARISING OUT OF PARTICIPATING IN ANY RECREATIONAL PROGRAM OF THE TOWN OF WINDSOR.

I GRANT PERMISSION TO THE USE OF PHOTOGRAPHS OF THE ABOVE NAMED CANDIDATE IN MEDIA ACCOUNTS AND PROMOTION FOR THE TOWN OF WINDSOR RECREATION DEPARTMENT. YES NO

DATE: _____ SIGNATURE: _____
(guardian or parent if participant is under 19)

Refunds for all Windsor Recreation Programs will only be considered if illness or injury is the reason for cancellation. Proof of illness or injury is required from your doctor and a \$ 5.00 cancellation fee will be charged.

Office Use Only

Amount Paid: _____ Received By: _____ Date: _____

We're finding more ways to keep you active. You can now use the new outdoor "After-Hours Drop-Off Slot" to conveniently register for the programs. - - - **WALK IT UP, DROP IT OFF AND KEEP FIT** - - -