

# WINDSOR RECREATION DEPARTMENT 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: \_\_\_\_\_

## EMERGENCY CONTACTS (OTHER THAN THE PARENT/GUARDIAN)

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

OTHER PHONE: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

OTHER PHONE: \_\_\_\_\_

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 HEREINAFTER 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** - - -