

General Registration Form:

Make check payable to and mail your registration to:
Middletown Parks & Recreation Department, 100 Riverview Center -
Suite 140, Middletown, CT 06457

There is a \$25 processing fee for any refunds

or register online:
www.middletownct.gov/webtrac

PARTICIPANT:

Name: _____
First MI Last
DOB: ____/____/____ Age: _____ Sex: _____
Street Address: _____
City/Town: _____ Zip: _____
New Address? _____ Home Phone: (____) _____
Email: _____ C (____) _____

Parent/Legal Guardian/1st Contact:

Relationship: _____
Name: _____
First MI Last
Street Address: _____
City/Town: _____ Zip: _____
Phone: H (____) _____ W (____) _____
Email: _____ C (____) _____

Parent/Legal Guardian/2nd Contact:

Relationship: _____
Name: _____
First MI Last
Street Address: _____
City/Town: _____ Zip: _____
Phone: H (____) _____ W (____) _____
Email: _____ C (____) _____

Emergency Contact:

Name: _____
First MI Last
Street Address: _____
City/Town: _____ Zip: _____
Phone: H (____) _____ W (____) _____
Email: _____ C (____) _____

MEDICAL RELEASE/PARTICIPANT/PARENTIAL PERMISSION:

In order to participate in Parks & Recreation Department Programs, I understand and agree that recreation programs can be physically demanding, but I have the physical ability needed to participate. In the event photos are taken I hereby give permission for the Recreation Department to use said photos in promotional literature, including but not limited to brochures and flyers. In the event of an emergency and the parent/guardian/emergency contact person cannot be reached, I hereby give permission to be transported (or for my child to be transported) to the Middlesex Hospital or any nearby medical facility. It is hereby understood and agreed that I shall assume full financial responsibility for any costs over and above that which is not covered by my health insurance. To the fullest extent permitted by law, I agree to indemnify and hold harmless the City of Middletown and its employees from any injuries or damages caused by or resulting from participation in these programs. PARENTAL PERMISSION (If under 18 years): I hereby give permission for my child to participate in Middletown Parks and Recreation Department programs. I understand the programs are physically demanding, but I feel my child has the ability needed to participate. REFUND POLICY: I understand and agree that no refunds will be given after the program starts or for circumstances beyond the control of the Parks & Recreation Department (e.g. weather, equipment failure, illness, etc.). If any refund is given there is a \$25.00 administrative fee. There are no refunds for Bus Trips, BUS TRIP/LADY KATHARINE CRUISE/WESLEYAN WALKING MEDICAL EMERGENCY INFORMATION: I understand and agree that the Middletown Parks and Recreation Department provides these programs in conjunction with bus & boat tour company vendors and Wesleyan University. The Parks and Recreation Department offers no medical personnel on these vessels or on-site for emergencies.

SIGNATURE (18 AND OLDER)

Parent/Legal Guardian Signature (UNDER 18)

X

Date: _____ Household Email: _____

Program Names & Dates	Program #	Fee
Healing Nature May 1, 8, 15, 22 Thursdays	138040	\$65
TOTAL:		\$65

Office use only: Date _____ Staff initials _____ S Rcvd _____ Ck# _____