

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					
						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	

REGISTRATION FORM