

# 2016 Martin Park Beach Registration Form



(Please use a separate form if you wish to register for other activities)

## Head of Household:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**\*Buy Your Family Beach Membership in March for Just \$99!\* (40% off) \*This offer is available exclusively to Ridgefield resident family Recreation Center members.**

### Type of Membership

Single Resident	\$91	Single Non-Resident	\$116
SPECIAL* (March Only)	\$99	Family Non-Resident	\$250
Family Resident	\$168	Single Senior Non-Resident	\$106
Senior Resident	FREE	Family Senior Non-Resident	\$230
Family or Senior		Family or Senior Non-Resident	
Add-on (ages 0-18)	\$44/child	Add-on (ages 0-18)	\$60/child

### Daily Drop-in

Resident	\$15	Daily Drop-in Non-Resident	\$20
4 Visit Guest Pass, Resident	\$50	4 Visit Guest Pass, Non-Resident	\$70

**Total Paid:** \_\_\_\_\_ Check ☐ Cash ☐ Credit Card ☐

**Credit Card Information:** Visa or M/C # \_\_\_\_\_

**List ALL family members including yourself:**

Last Name	First Name	Sex	Age	Date of Birth

### **Replacement of lost sticker: \$30.00**

Waiver of Town Liability: I recognize because of the nature of this facility that an injury might occur. In the event of an injury to a family member, or myself I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Ridgefield Parks & Recreation, its employees and instructors of all liability. I understand that this release applies to any present and future injuries. I have read this and sign it voluntarily.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If anyone in your family needs special accommodations please contact Barbara Carvalho, at (203) 431-2755.