

# Ridgefield Recreation Center Registration Form

*\* Indicates fields that are required.*

\*Name: \_\_\_\_\_ \*Home/Cell Phone Number: (    ) \_\_\_\_\_

\*Emergency Name: \_\_\_\_\_ \*Emergency Number: (    ) \_\_\_\_\_

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

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

## NON-RESIDENT MEMBERSHIPS

Recreation \$192/\$504	Lap Swim \$492	Wellness \$552	All-Inclusive \$672/\$1284	Senior/Disabled/Military (60+) 10% DISCOUNT	Add Unlimited SPIN® & TRX \$300	TOTAL \$ _____
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### MEMBERS *\*All fields required*

NAME	GRADE	SEX	D.O.B	OPTIONS

Anyone with special needs should contact Barbara Carvalho at 431-2755

Is child in good physical condition?

YES    NO

If NO, please explain briefly:

Any special info. staff should know?

If Registering for Skate Park Activities  
(Please specify your child's sport)

\_\_\_\_ Skateboarder    \_\_\_\_ Inline Skater

### SENIOR/DISABLED/MILITARY

*\*All fields required*

### ACTIVITIES *(Adult & Child)*

PARTICIPANT NAME	SEX	D.O.B.	BARCODE	ACTIVITY NAME	ACTIVITY FEE

**REFUNDS:** If an individual cancels a class within a week prior to the opening session, a small administrative fee will be deducted. Once a class is in session there will be no refund paid. **WAIVER OF TOWN LIABILITY:** I recognize that by the nature of this activity that an injury might occur. In the event of an injury to my family member, or myself I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Parks & Recreation, its employees, and instructors of all liability. I understand that this release applies to any present or future injuries. I agree that all photos taken during activities may be used for local advertising purposes at the discretion of the Ridgefield Recreation Center. I understand that Ridgefield Parks & Recreation can contact me via email with any updates and news. **16 & 17 year olds using the Wellness Center MUST have a signed parent/guardian waiver.**

I have read this and sign it voluntarily.

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



MAKE CHECKS PAYABLE TO: Ridgefield Parks & Recreation, 195 Danbury Rd, Ridgefield, CT 06877 • Office hours: Mon-Fri 8:30-4:30pm • Phone: (203)431-2755

Payment: VS \_\_\_\_ MC \_\_\_\_ Check \_\_\_\_ Cash \_\_\_\_

Check # \_\_\_\_\_

CC #: \_\_\_\_\_ Exp: \_\_\_\_\_

**Subtotal (Activities):** \$ \_\_\_\_\_

**Membership Fee:** \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_