

2022 Martin Park Beach Registration Form

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



To register, please fill at this form and either drop it off at the Recreation Center OR email it to pandregistrations@ridgefieldct.org.

Head of Household:

Last Name: _____ First: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

FAMILY MEMBERSHIP

Resident: \$168

Non-Resident : \$250

Senior Non-Resident (ages 60+): \$230

Includes all legal dependents within a family (including nannies). Adult offspring of the family must be legal dependents to become members. Family memberships will receive one guest card good for 4 free visits for the guest(s) of your choice. You must pick up your guest passes at the Recreation Center.

GUEST PASSES

Resident: \$50

Non-resident: \$70

Allows patrons to visit the beach up to 4 times

INDIVIDUAL MEMBERSHIP

(VALID FOR ONE PERSON ONLY)

Resident: \$91

Senior resident (Ages 60+): Free

(You do NOT need to fill out this form. Just bring your photo I.D. with date of birth at each visit.)

Non-resident: \$116

Senior non-resident (Ages 60+): \$106

A \$3 Special Services fee has been added to all individual and family memberships.

There are no beach passes. After we have confirmed your payment, please either bring your Recreation Center Membership card or photo I.D. every time you visit the beach.

Total Paid: _____ Check Credit Card You may include your credit card information or write "Please call for Payment."

Credit Card Information: Visa or M/C # _____

List ALL family members including yourself: EXPIRATION DATE: _____ CVC Code: _____

LAST NAME	FIRST NAME	SEX	AGE	DATE OF BIRTH

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 James Rafferty, at (203) 431-2755.