

2024 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 recmgr@ridgefieldct.gov

Primary Name:

Last Name: _____ First: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Cell Phone: (_____) _____ Cell Phone Carrier (in order to send you text alerts only): _____

Types of Membership

FAMILY MEMBERSHIP

Resident: \$180

Non-Resident (including seniors): \$275

Includes two adults and all legal dependents within a family and in the same household. (ages 22 and under). Adult offspring of the family must be residents and legal dependents to receive a pass.

Family memberships purchased on or before May 20, will receive one guest card good for 4 free visits for the guest(s) of your choice. Guest passes will be distributed at your first beach visit by the gate guard. (No guest passes are included with memberships purchased after May 20).

INDIVIDUAL MEMBERSHIP

(VALID FOR ONE PERSON ONLY)

Resident: \$100

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 (including seniors): \$130

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

Drop-ins are not available on holiday weekends (Memorial Day, 4th of July, and Labor Day).

Buy Your Martin Park Beach Family Membership in April for **Just \$135**

This offer is available exclusively to Ridgefield residents with a Recreation Center membership (any level).

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

Credit Card Information: Number: _____ Expiration Date: _____ CVC Code: _____

List ALL family members including yourself:

***Please Note: If you have never registered for a membership or program with us, we need the following information (school name, grade in fall 2024 and medical/allergies).**

LAST NAME	FIRST NAME	SEX	AGE	DATE OF BIRTH	*SCHOOL NAME	*GRADE IN FALL 2024	*MEDICAL/ALLERGIES

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 Megan Roche, at (203) 431-2755 x 2142.