

► NOTE: FORM MUST BE LEGIBLE AND FILLED OUT COMPLETELY				
Name	Eins (Max	Phone #		
Address Street Address		01.1	DOB	
Street Address	City/ I own	State	Zip Code	
Parent/Guardian (IF UNDER 18 YE Phone #(s)				
Address				
E-mail				
EMERGENCY INFORMATI	ON: The following informa	tion is REQUIRED		

Name:	Relation:	Phone:	
Name:	Relation:	Phone:	
Physician:	Phone:		
Dentist:	Phone:		

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.

I have read this and certify that the above information is true to the best of my knowledge and sign it voluntarily.

Parent/Guardian (if participant is under 18 years of age), or Participant:

TO CONTACT IS DADENIT(a) / CHADDIANI(S) ADE LINA)/All ADI S

Signed:

Date:

Recreation Center and Open Gym policy page must be signed and returned along with Open Gym Registration in order to participate. You may find our up-to-date Open Gym schedule at www.ridgefieldparksandrec.org. Weekends may vary, see the "Updates" section on our homepage for details.