

# Ridgefield Recreation Center Registration Form

*\* Indicates fields that are required.*

\*Name: \_\_\_\_\_ \*Cell Phone Number: \_\_\_\_\_ \*Cell Phone Carrier: \_\_\_\_\_  
(in order to send you text alerts only)

\*Emergency Name: \_\_\_\_\_ \*Emergency Number: \_\_\_\_\_

\*Birth Date: \_\_\_\_\_ \*Valid E-Mail Address: \_\_\_\_\_

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

## NON-RESIDENT MEMBERSHIPS

Recreation \$231/\$543	Pickleball \$265.50/\$196.88	Lap Swim \$603	Wellness \$603	All-Inclusive \$723/\$1335	Senior/Disabled/Military (60+) 10% DISCOUNT	Add Unlimited YOGA/ CYCLE/TRX/ROW \$300	TOTAL \$ _____
---------------------------	---------------------------------	-------------------	-------------------	-------------------------------	--	--	-------------------

## MEMBERS *\*All fields required*

NAME	GRADE	GENDER Male/Female/Other	D.O.B	OPTIONS

Anyone with special needs should  
contact our office at 203-431-2755

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	GENDER Male/Female/Other	D.O.B.	ACTIVITY NAME	ACTIVITY FEE

There is an annual \$3 ADA fee that funds town special services. There is also an annual \$30 credit card processing fee. This credit card fee is waived if the year is paid in full at the time of enrollment. **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 certify that the above information is true to the best of my knowledge 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 \_\_\_\_ AMEX \_\_\_\_ Check \_\_\_\_ Cash \_\_\_\_

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

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

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

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