

HARWINTON RECREATION REGISTRATION FORM

Return completed Registration Form and fee to:
"Harwinton Recreation", PO Box 66, 100 Bentley Drive, Harwinton, CT 06791

PARTICIPANT NAME _____ AGE _____

GRADE _____ TEACHER _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

PARENT/GUARDIAN NAME _____

PHONE _____ EMERGENCY # _____

PROGRAM _____

PROGRAM DATES/TIME _____ AMOUNT ENCLOSED _____

I recognize there are risks of injury involved in members of my family participating in recreational activities conducted by the Town of Harwinton. Therefore, in consideration of the Town of Harwinton conducting recreational activities and enrolling members of my family in such activities or permitting members of my family to participate in such activities, I do hereby, on behalf of myself and all members of my immediate family release the Town of Harwinton, its employees and agents from all liability with respect to an injury received by me or any member of my family arising from such activities.

Signature of Parent/Guardian or Participant over 18 yr.

Date