

Willington Parks and Recreation Adult Over 30 Basketball Program 2010-2011 Season



Program Information

Fee: \$45.00 for Willington Residents and \$55.00 for Non-residents

Registration

Registration is open for Willington Residents from September 1-15. After September 15th the program is open to adults from area towns and Willington Residents. Registration will be **limited to twenty, on a first come first served basis**. The Adult Registration form must be completely filled out, accompanied by the appropriate fee and returned to the Parks & Recreation Department Office to register. Registrations will not be accepted at the gym.

Season

The season will run from September 26th to June 12th on Sunday nights 7:00 pm to 9:00 pm at the Hall Memorial School gymnasium on Route 32 in Willington.

Inclement Weather

Cancellations due to bad weather will be announced on Channel 3 TV and WTIC AM 1080 Radio.

Questions

Please contact Teri Gareau, Willington Parks & Recreation Department 487-3108.
www.willingtonct.org

Adult Over 30 Basketball - REGISTRATION FORM 2010-2011

WILLINGTON RECREATION PROGRAMS

Fee: \$45 for Willington Residents; \$55 for Non-Residents

Participant Information – Please Complete One Form for Each Player

Name: _____ Gender: M F
(First) (Last)

Address: _____

Town _____ State: _____ Zip _____

E-mail: _____

Hm Phone: _____ Alt Phone: _____

Fee Enclosed: _____

Release, Waiver and Assumption of Liability and Consent For Medical Treatment

I, the undersigned, by registering myself in the town's Adult Basketball program understand the nature and risks associated with the participation in this activity.

I am aware that participation is at one's own risk. I acknowledge that the activity, equipment and facilities may pose a risk of personal injury. I am also aware that each participant is responsible for his or her own safety.

I hereby waive and release myself, my heirs, executors or administrators of any and all claims and damage we ever had or now have, against the Town of Willington, its successors and assigns, employees, agents and representative for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by myself, family members or friends while participating in this program.

Date: _____ Signature: _____

REFUND POLICY: There are no refunds except for medical reasons, upon receipt of a physicians note.

Emergency/Medical information

In case of emergency contact: Name: _____

Home Tele: _____ Bus. Tele: _____ Relationship: _____

Physicians Name: _____ Tele: _____

Allergies, Medical Conditions & other info: _____

Return completed form with payment to:
Make checks payable to Willington Rec Dept

Recreation Dept, Town of Willington
40 Old Farms Road
Willington, CT 06279

Visit us on the web at: Willingtonct.org, Phone 487-3108