

# 2010 Willington Recreation Gardening Program

## WILLINGTON RECREATION PROGRAMS

Fee: \$15.00/ class or Whole Series \$70.00

### Please Complete One Form for Each Person

Name: \_\_\_\_\_ Gender: M F  
(First) (Last)

Address: \_\_\_\_\_

Town \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_

E-mail: \_\_\_\_\_ Program: \_\_\_\_\_ Day \_\_\_\_\_ Time: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Fee Enclosed: \_\_\_\_\_

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

I, the undersigned, by registering myself or my child in the town's Gardening Program understand the nature and risks associated with the participation in this activity.

I hereby grant my child permission to participate. 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 my child, myself, family members or friends while participating in this program.

Consent for Medical Treatment of Minors, as the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a fully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

I certify that the information contained on this form is accurate and complete

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 Parks & Rec Dept

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

Visit us on the web at: [Willingtonct.org](http://Willingtonct.org)  
Phone 860-487-3108