

Class Registration Form - Redding Park and Recreation

Please be sure to fill out this form completely to assure proper registration. Make checks payable to: "Town of Redding". Our mailing address: PO Box 1071 Redding, CT 06875. You may fax this form to 938-1071. Additional Park and Recreation forms can be accessed at www.townofreddingct.org Email information will not be shared other than an estimate twice per month email blast. You may opt out of at anytime.

Is there any special information that you would like to share that would enable us to serve your child better?

€ No € Yes* The appropriate person from the department will call you or you may attach a note to this form.

NAME or HOUSEHOLD NAME (often different from child's) _____

ADDRESS _____ TOWN & ZIP _____

Email Addresses _____

HOME PHONE _____ WORK PHONE _____ Ext. _____ Cell _____

PARTICIPANT'S NAME _____ SCHOOL TEACHER _____ SEX _____ GRADE _____ Birth Date _____

CLASS TITLE _____ ACTIVITY # _____ DAY & TIME _____ COST _____

CLASS TITLE _____ ACTIVITY # _____ DAY & TIME _____ COST _____

CLASS TITLE _____ ACTIVITY # _____ DAY & TIME _____ COST _____

PARTICIPANT'S NAME _____ SCHOOL TEACHER _____ SEX _____ GRADE _____ Birth Date _____

CLASS TITLE _____ ACTIVITY # _____ DAY & TIME _____ COST _____

CLASS TITLE _____ ACTIVITY # _____ DAY & TIME _____ COST _____

GRAND TOTAL: \$ _____

List all additional names for TRIPS, SPECIAL EVENTS _____

I understand that I need to send a note if my child attends a 3 pm class at RES or the RCC and should call the Park and Recreation office if my child won't be attending his/her 3 p.m. class. I understand that the Town of Redding has no accident insurance and that costs incurred due to injury to myself or the student's name listed above while participating in the activities listed on this form are my responsibility. I release and hold the town harmless from any injuries incurred in town recreational activities. I understand photos may be used by the department for promotional materials or advertising unless I notify the department in writing. I have read the refund policy from the brochure. NO REFUNDS WILL BE MADE ONCE CLASSES HAVE STARTED.

SIGNATURE _____ DATE _____

I authorized the use of this credit card for the above payments. (Circle one) Mastercard Visa AMEX Discover

Credit Card Number _____ Expiration Date _____ CVV Code _____