

PROGRAM & TRIP REGISTRATION FORM

PLEASE CHECK REGISTRATION DATES. PLEASE PRINT CLEARLY!

MAIL TO:

Willington Parks & Recreation Department
40 Old Farms Road, Willington, CT 06279

Primary Household Contact (Parent/Guardian) Name: _____ Address: _____ Town: _____ Zip: _____ Phone: (H) _____ (W) _____ (Cell) _____ Email Address: _____	Secondary Household Contact (Parent/Guardian) Name: _____ Address: _____ Town: _____ Zip: _____ Phone: (H) _____ (W) _____ (Cell) _____ Email Address: _____
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LOCAL Emergency Contact (Other than parent/guardian, i.e. grandparent, neighbor, etc.)
 Name: _____ Phone: _____

Program Name	Start Date	Participant's Last Name	First Name	Birth Date	Gender	Fee
A scholarship fund has been established for lower income children.			Contribution to Scholarship Fund			
DEPENDING ON PROGRAM OR TRIP PLEASE ADD:			Non Resident \$5.00 OR \$10.00			
			Additional per person/ per/ activity			
TOTAL						

Some Willington residents may be eligible for low-income fee reductions. Check with the Parks & Recreation Office for more information and an application.

Also fill details below for each participant:

	Grade Entering	Name of Doctor and phone number	Allergies, Special Asst., Meds, Other Info:
1.			
2.			
3.			
4.			

PAYMENT INFORMATION: Please make checks payable to: Willington Parks and Recreation Department (WPRD) (Separate checks required for each program). WPRD reserves the right to photograph program participants for publicity purposes.

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

I, the undersigned, by registering myself or my child in the town’s programs/trips 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.

COVID-19 Warning & Disclaimer for WPRD Programs:

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to reduce the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Willington Parks and Recreation Department programs or accessing Town of Willington facilities could increase the risk of contracting COVID-19. The Town of Willington in no way warrants that COVID-19 infection will not occur through participation in Willington Parks and Recreation Department programs or accessing Town of Willington facilities.

WPRDs COVID-19 Health & Safety Protocols:

- *Group size no greater than 10 (plus staff)*
- *Face masks or cloth coverings worn by all staff unless they can maintain 6-foot distancing.*
- *Social distancing (e.g. groups of children are not coming within six feet of other groups and consistent staff.*
- *Hand Sanitizer will be used as necessary.*
- *All staff cover coughs and sneezes with tissues or the corner of the elbow and children are encouraged when appropriate to cover coughs and sneezes in the same manner.*
- *Soiled tissues are disposed immediately after use.*
- *Enhanced cleaning and disinfecting practices (e.g. between groups of children using common areas or equipment).*

Signature: _____ Date: _____

Office Use Only: Payment Method: Check _____ Cash (in office only) _____ Amount Paid _____ Date Paid _____