

# Recreation & Leisure Services Program Registration

Come out and Play, the Benefits Are Endless...



Recreation Division  
599 Matianuck Ave.  
Windsor, CT 06095  
Phone: 860-285-1990  
Fax: 860-285-1950

Northwest Park  
145 Lang Road  
Windsor, CT 06095  
Phone: 860-285-1886  
Fax: 860-285-1887

For more information on our programs and for  
online registration, please visit us at  
[www.townofwindsorct.com/recreation](http://www.townofwindsorct.com/recreation)

<b>Adult Name</b>			
<b>Street Address</b>			
<b>City, State, Zip</b>			
<b>Phone #1: ( )</b>	<b>Phone #2: ( )</b>	<b>Phone #3: ( )</b>	

<b>Email address</b>	
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All programs are filled on a first-come, first-served basis. Receipt of this registration form does not guarantee placement into a program.  
REFUNDS: All refunds will be credited to your customer account unless paid by a credit card. In the case where program fees are paid with a credit card, refunds will be processed directly to your credit card.

<u>Participant First Name</u>	<u>Participant Last Name</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>Grade</u>	<u>Program</u>	<u>Fee</u>
<b>TOTAL:</b>						

I do  I do not  give permission to appear in any media coverage approved by the Recreation and Leisure Services.

I would  I would not  like to receive an email newsletter from Recreation and Leisure Services Department (YSB, NWP & Rec)

In consideration of being allowed to participate in the Town of Windsor Recreation & Leisure Services activities, the undersigned acknowledges, and agrees that: The risk of injury from the activities involved in this program may be significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and I knowingly and freely assume all such risk, both known and unknown.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, I hereby release and hold harmless the Town of Windsor, its employees, volunteers, commissioners, sponsoring agencies, sponsors and advertisers with respect to any and all injury, disability, or death incurred while traveling to or from or participating in the above mentioned trips or activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian.

Make checks payable to: Town of Windsor

**ADA**  
**American Disabilities Act**

Individuals with disabilities who require accommodation to participate in a program should request accommodation from the Recreation Dept. upon or before registration. Documentation supporting the need and the extent of the accommodation may be required.

**Office Hours (LP Wilson):**  
Monday- Friday 8:00 a.m. - 5:00 p.m.  
Saturday 8:00 a.m. - 12:00 p.m.

**Office Hours (Northwest Park):**  
Monday- Friday 8:30 a.m. - 4:30 p.m.  
Saturday 8:30 a.m. - 4:30 p.m.