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: 860-298-9038

Northwest Park
150 Lang Road
Windsor, CT 06095
Phone: 860-285-1886
Fax: 860-925-6291

For more information on our programs and for online registration, please visit us at www.townofwindsorct.com

Please Check Box if New Address ☐

Adult or Parent/Guardian First Name Last Name

Adult Name	
Street Address	
City, State, Zip	
Phone Numbers	- - - - - -

Home Number Work Number Cell Phone

Email Address

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.**

Activity Name / Number	Day	Time	PARTICIPANT NAME First	PARTICIPANT NAME Last	Date of Birth	Grade	Sex	Total Fees
							Total Fees	

I do _____ I do not _____give permission to appear in any media coverage approved by the Recreation & Leisure Services

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. - 4:40 p.m.