Windsor Recreation Ski Club Registration

Come out and Play……..Discover the benefits!!!!

Windsor Recreation Services
599 Matianuck Ave.
Windsor, CT 06095

TOWN OF WINDSOR
First in Connecticut. First for its citizens.

Adult or Parent/Guardian First Name **Adult or Parent/Guardian Last Name**

Adult Name	
Street Address	
City, State,	
Phone Numbers	

Home Number Cell Phone Number Emergency Number

Activity Name– Ski Club 2008	Day	Time	Participant Name First	Participant Name Last	Date of Birth	Sex	Total Fees
Circle one package below	**Thursday's**	**3:00-8:00**					
*** Lift Only**	**1/7 1/14**	**1/21 1/28 2/4**					**$220.00**
*** Lift and Lesson**			**School**	_____			**$280.00**
*** Lift & Ski Rental**			**Grade**	_____			**$330.00**
*** Lift & Board Rental**			**Ski or Board**	_____			**$330.00**
*** Lift/Lesson/Ski Rental**	***We are currently seeking chaperones for the Ski Club. If you***						**$390.00**
*** Lift/Lesson/Board Rental**	***Interested please place your signature here***						**$390.00**

I do _____ I do not _____ give permission for myself or my family to appear in any media coverage approved by the Recreation Department.

In consideration of being allowed to participate in the Town of Windsor Recreation 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 Recreation Department, 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: _____

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 Telephone #: 285-1990
Office Hours:
Monday - Friday 8:00 a.m. - 5:00 p.m.
Saturday 8:00 a.m. - 12:00 p.m.
www.townofwindsorct.com