

Hebron Parks and Recreation

Mailing Address
15 Gilead Street
Hebron CT 06248
860-530-1281
860-228-4859 Fax

Office Address
Burnt Hill Park
148 East Street
Hebron CT 06248
www.hebronct.com

Program Registration Form

Please fill out this form in its entirety. Registration will not be complete until we receive full payment for the program. Any questions in regard to the form or the program can be addressed by calling the Parks and Recreation office at 860-530-1281. Registration information is only used for Parks and Recreation purposes and will not be shared or sold.

Participant's Name: _____

Address: _____ Town: _____ Zip _____

DOB: _____ Age: _____ Grade: _____ Male Female

Parent/Guardian Name: _____

Email: _____ Home Phone: _____ Cell/Work Phone: _____

Emergency Contact Person: _____ Emergency Contact Phone: _____

Emergency Contact Person: _____ Emergency Contact Phone: _____

Please list any medical concerns or medications taken regularly.

Program Information

List the programs sessions/dates and their costs below.

Program Name: _____ Session/Date: _____ Cost: \$ _____

Program Name: _____ Session/Date: _____ Cost: \$ _____

Program Name: _____ Session/Date: _____ Cost: \$ _____

REGISTRATIONS for programs will be accepted on a first come, first serve basis. Class confirmation is up to the registrant. Please call the office if you have any questions.

REFUNDS: All programs are self-supporting and a commitment needs to be made to instructors and staff. Therefore, refunds are issued only in the following circumstances: If a program is cancelled by the Parks & Recreation Department or on request for a medical reason and with written notification from a doctor. If a program participant's spot can be replaced with someone from a waiting list. There are no refunds once a class has begun. All program cancellations and changes are subject to a \$15.00 fee and for all returned checks there is a fee of \$20.00.

PHOTO POLICY: By registering for a program, you give us permission to take and publish photos of the participant. If you do not wish to be photographed, you must include this request in writing along with your registration.

I hereby give approval for myself/my child to participate in the above listed Hebron Parks & Recreation Department Program. I agree to assume all risks and hazards incidental to this program(s), including transportation to and from the site of said program. I hereby waive, absolve, indemnify and agree to hold harmless the Town of Hebron, the department, the commission, supervisors, instructors, coaches, assistant coaches, referees and participants from claims arising out of injury to myself/my child. Any injuries will have to be covered by the individual's insurance.

Parent/Participant Signature: _____ **Date:** _____

Please make checks payable to: Town of Hebron 15 Gilead Street Hebron CT 06248

Office Use Only: Date Paid: _____
Total Fee: \$ _____ Received by: _____ Cash MC Visa Check # _____