

# Branford Parks & Recreation Department Program Registration Form

⇒ Please fill out this form completely. Incomplete forms will be returned un-processed holding up your registration.

## Household Information

<b>Guardian Name:</b>	<b>M/F</b>	<b>Guardian Name:</b>	<b>M/F</b>
Address:		Address:	
City, State, Zip:		City, State, Zip	
Primary Phone Number (    )		Primary Phone Number (    )	
Work Phone (    )	Cell: (    )	Work Phone (    )	Cell: (    )
Email:		Email:	
Emergency Contact:		Relationship:	Phone: (    )

## Registration Information

**For Swim Lessons only: You may only register for one class per child. Once you have completed a class you may enroll in the next session.**

Name of Participant	Age	DOB	Grade	M/F	Program/Activity Name	Code	Fee
1.							\$
2.							\$
3.							\$
4.							\$
5.							\$
6.							\$
7.							\$

## Waiver

**Release of Liability:** I waive all rights and release all claims that might be held against the Town of Branford, the Branford Recreation Department, its officials, representatives, agents, employees, and its hired or contracted instructors, their employees and agents, for any and all injuries or losses which may be suffered because of my participation of my child's or my children's participation in the above activities that are offered by the Town of Branford, in consideration of permission of the district to participate in the activity. The signer hereby certifies to the Town of Branford and the Recreation Department Staff that the participant is in good mental, physical and health condition and is able to participate in said activities listed above. In addition, I have read the refund policy in the program brochure and agree to its terms and conditions.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

⇒ Please make checks payable to **"Treasurer, Town of Branford"** (There is a **\$25.00** return check fee)  
 ⇒ Put all forms in a white business size envelope and drop it in the drop box or mail it to: Branford Parks & Recreation Department, 46 Church Street, Branford 06405.  
 ⇒ You can always register on-line at [www.branfordrecreation.org](http://www.branfordrecreation.org)  
 ⇒ For information, please call us at (203)488-8304

<b>Registration Total</b>	\$
<b>Joe Trapasso Scholarship Donation</b> (to those in need enjoy Recreational & leisure program opportunities)	\$
<b>Grand Total</b>	\$

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**For office use only:**      **Date:** \_\_\_\_\_    **Cash:** \_\_\_\_\_    **Check#:** \_\_\_\_\_    **Credit Card:** \_\_\_\_\_    **Initials:** \_\_\_\_\_

**Credit Card Info:** **Name on Card:** \_\_\_\_\_    **Signature:** \_\_\_\_\_

<b>VISA</b>	<b>MASTERCARD</b>	<b>Expiration</b>	<b>CVC Code</b>