

WASHINGTON PARKS AND RECREATION
 P.O. Box 383, Washington Depot, CT 06794, 860-868-1519
 wpal@washingtonct.org
Washington Play and Learn Program-Aftercare

2019-2020 PROGRAM REGISTRATION FORM

Registration forms must be submitted by mail or in person to the Washington Town Hall Selectman's Office.

FAMILY ACCOUNT INFORMATION

HEAD OF HOUSEHOLD NAME: _____ email: _____
 MAILING ADDRESS: _____ TOWN: _____ ZIP: _____
 PHONE: HOME: _____ WORK: _____ CELL: _____

NOTIFY IN CASE OF EMERGENCY:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

Participant's Name	DOB	Activity Name	Start Date	Time	Fee
		WPS Play and Learn Program	August 29, 2019	Full Day: 3:15-6:00 ½ Day: 12:45-6:00	Daily: \$12 per session Extended Day: \$20 per session Drop In: \$25 per session

Please indicate needed days. Select all that apply. M_____ T_____ W_____ Th_____ F_____

LIABILITY WAIVER

Participant will hold harmless the Town of Washington, the Parks and Recreation Commission, Region 12 and any officials, agents, instructors, directors and employees for any and all injury or damage which participant personally incurs or injury or damage to the person or property of others which participant causes or contributes to while participating in this program. **I also understand that in the event of an injury our own personal medical insurance will be used.** Unless indicated hereafter, the Washington Parks & Recreation Commission may use photographs including the above-named participant for promotional purposes and may use our email for program purposes. **NO** _____

Parent/guardian signature: _____ Date: _____

REFUND/CANCELLATION POLICY: A minimum number of participants is required to hold sessions. When registration is below the minimum, the Washington Parks and Recreation reserves the right to cancel the program with participants receiving full refund or credit. It is highly recommended that you pre-register as early as possible to avoid programs being cancelled due to lack of enrollment. Refunds are not available once a program begins.

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Participant's Name	DOB	Activity Name	Start Date	Time	Fee
		WPS Play and Learn Program	August 30, 2019 SECOND DAY OF SCHOOL	7:00am-8:45am	Daily: \$10 per session Drop In: \$25 per session

Please indicate needed days. Select all that apply. M _____ T _____ W _____ Th _____ F _____

LIABILITY WAIVER

Participant will hold harmless the Town of Washington, the Parks and Recreation Commission, Region 12 and any officials, agents, instructors, directors and employees for any and all injury or damage which participant personally incurs or injury or damage to the person or property of others which participant causes or contributes to while participating in this program. **I also understand that in the event of an injury our own personal medical insurance will be used.** Unless indicated hereafter, the Washington Parks & Recreation Commission may use photographs including the above-named participant for promotional purposes and may use our email for program purposes. **NO** _____

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