

Watertown Recreation Department
51 Depot Street, Suite 108
Watertown, CT 06795
(860) 945-5246 (860) 945-4734
www.watertownct.org

RECREATION PROGRAM SIGN - UP SHEET

Participants Name: _____
 (Please Print)
 Street: _____ Town: _____ State: _____ Zip: _____
 Telephone: (days) _____ (nights) _____ Cell _____
 E-Mail Address for mailing list: _____
 Emergency Name & Contact # _____
 Date of Birth: _____ Age: _____ Grade: _____ Sex: F or M
 Allergies:/Special Needs: _____

Program(s) Registration:

PROGRAM CODE	PROGRAM TITLE	FEE	SESSION #	LOCATION

ACKNOWLEDGEMENT AND WAIVER

I hereby agree that I will follow all the rules and regulations governing the use of all Town of Watertown, Connecticut Parks and Recreation and Board of Education facilities and that the information I supplied is true, correct and complete. I understand that failure to comply with the Parks and Recreation and Board of Education rules or falsification of this acknowledgement waiver may result in the revocation of the program by the Watertown Parks and Recreation Commission and the Watertown Board of Education. I will be practicing and partaking competitively, I also hereby, in the event of an accident and/or incident, waiver all claims and/or damages against the Town of Watertown, Connecticut, the Watertown Parks & Recreation Department and Commission, the Watertown Board of Education and/or their employees, instructors and/or their agents. The undersigned hereby releases the Town of Watertown and instructors, from all action, cause of action, suits, controversies, promises, damages, judgements, extent, execution, claims and damages whatsoever in law or equity which against the Town of Watertown by myself, my heirs or hereafter can shall or may have for, upon, or by reason of any matter, cause or thing whatsoever from the beginning of the world and forever hereafter in connection with my participation in sports and recreational activities upon premises an/or lands owned by the Town of Watertown. In participating in said recreational activities/contract sports I understand that there are certain risks that I maybe injured or incur physical harm or injury and I assume said risks of my own free will knowing that I shall bear full responsibility for medical cost, care treatments or any other costs or damages to me as a result of said injuries, as with all activities, participate at your own risk.

Participant Signature (if 18 or over): _____ Date: _____
 Parent/Guardian Name: (Please Print): _____
 Parent/Guardian Signature: _____ Date: _____
 (Required if participant is 18 years of age or younger)

For Office Use Only				
Proof of Res.:	B.C.:	Amt. Paid:	Receipt #:	Check #:
_____	_____	_____	_____	_____
# _____	Emp.: _____			