



2018 Fall/Winter Program Registration

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✓	Program Name / Dates	Resident	Non Resident
	Dodgeball (Session 2): Mondays November 5, 19, 26 Dec 3, 10 (6-7pm) Grades 3-5	\$35	\$45
	Middle School Open Gym/Dodgeball Mondays November 5, 19, 26 , Dec 3, 10 (7-8pm) Grades 6-8	\$35	\$45
	Indoor Soccer K Grade- Thursdays 5-6pm- November 1, 8, 15, 29. December 6,13	\$40	\$50
	Indoor Soccer 1-2 Grade- Thursdays 6-7pm- November 1, 8, 15, 29. December 6,13	\$40	\$50
	Indoor Soccer 3-5 Grade- Mondays 5-6pm- November 5, 19, 26 December 3,10, 17	\$40	\$50
	Vinyl Design (December 5th)	More info: acvinyldesigns.com	
	Santa Night (December 7th)		
	Gingerbread Night (December 14th 6:00-8:00pm)	\$15 x (_____) <i>Indicate # of houses</i>	\$17 x (_____) <i>Indicate # of houses</i>

NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PLEASE CHECK ONE: RENT OWN PROPERTY

SELECT ONE: Town of Washington Resident Other

TELEPHONE: (_____) _____ CELL: (_____) _____

FAMILY EMAIL ADDRESS: _____

EMERGENCY NAME & TELEPHONE _____

PARTICIPANT'S: AGE _____ GRADE _____ DATE OF BIRTH _____
(AS OF SEPT. 2018)

SPECIAL NEEDS/MEDICAL CONCERNS & ALLERGIES _____

TOWN OF WASHINGTON RECREATION COMMISSION
RELEASE & CONSENT FORM
(PAGE 2 OF 3)

LAST NAME _____
EMERGENCY NAME AND TELEPHONE # _____

RELEASE/HOLD HARMLESS

AS IN ANY RECREATIONAL ACTIVITY, THERE ARE SOME INHERENT RISKS, AND INJURY MAY OCCUR. I HEREBY RELEASE AND DISCHARGE THE TOWN OF WASHINGTON, ITS AGENTS, EMPLOYEES, AND APPOINTED OFFICIALS, VOLUNTEERS, COMMISSIONS OR ASSOCIATIONS FROM ANY AND ALL CLAIMS OR ACTIONS FOR LOSSES, DAMAGES OR PERSONAL INJURIES TO MYSELF OR MY CHILD WHICH MAY OCCUR OR ARISE OUT OF MY OR MY CHILD'S PARTICIPATION IN ANY OF THE TOWN OF WASHINGTON RECREATION COMMISSION PROGRAMS OR ACTIVITIES IN WHICH I HAVE REGISTERED. I DO ALSO REALIZE THAT THERE IS NO MEDICAL INSURANCE COVERAGE OFFERED THROUGH THE TOWN. ALL MEDICAL INJURIES THAT MAY OCCUR ARE THE SOLE RESPONSIBILITY OF THE PARTICIPANT/PARENT/GUARDIAN.

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

I AUTHORIZE THE PROGRAM DIRECTOR/INSTRUCTOR TO GRANT CONSENT FOR EMERGENCY MEDICAL TREATMENT, DIAGNOSTIC TESTS AND PROCEDURES, ANESTHESIA, HOSPITAL CARE AND MEDICAL AND SURGICAL TREATMENT TO BE RENDERED TO MYSELF/CHILD UNDER THE GENERAL OR SPECIAL SUPERVISION AND ADVICE OF A PHYSICIAN WHEN EFFORTS TO CONTACT YOU OR YOUR EMERGENCY CONTACT ARE IMPOSSIBLE OR IMPRACTICAL.

NAME OF PARTICIPANT: _____ Date: _____

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN: _____

PHOTO RELEASE

THE RECREATION DEPARTMENT HAS MY PERMISSION TO USE MY OR MY CHILD'S PHOTOGRAPH PUBLICALLY TO PROMOTE THE RECREATION DEPARTMENT. I UNDERSTAND THAT THE IMAGES MAY BE USED IN PRINT PUBLICATIONS, ONLINE PUBLICATIONS, PRESENTATIONS, WEBSITES, AND SOCIAL MEDIA.

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN: _____



CREDIT CARD PAYMENT AUTHORIZATION

Amount: \$ _____ please charge for the following:

- | | |
|--|--------------------------------|
| ● Dog License | ● Recreation Fees \$ _____ |
| ● Hunting License
(Include Copy of
Driver's License) | ● Pool Pass (Season Pass Only) |
| ● Transfer Station | ● Building Permit Application |
| ● Town/County
Property Tax | ● Marriage License |
| | ● Genealogy Search |

Account #: _____

Expiration Date: ____/____

3 Digit Security Code: ____

Billing Zip Code: _____

(Located on the back of card)

Card Holder Name: _____

(Exactly as it appears on card)

Billing Address: _____

Phone: () _____

Signature: _____

Date: _____

By signing this authorization form you allow the Town of Washington to charge your credit card a one-time fee for the purpose indicated above. **Credit card transactions are charged an additional fee of \$1.95 up to \$80.00 and 2.45% if over \$80.00.**

NOTES: Please specify what department and program you are paying for: _____

