



HEBRON PARKS & RECREATION DEPARTMENT
 15 Gilead Street
 Hebron, CT 06248
 860-228-5971, ext. 129
 Fax: 860-228-4859

Program Registration Form

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.
- 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.

PROGRAM NAME	SESSION/DATES	FEE

NAME OF PARTICIPANT _____ M/F _____ DOB _____ AGE _____ GRADE _____

Medical Concerns – Please list _____

PARENT/GUARDIAN _____ HOME PHONE _____ PHONE CONTACT #2 _____ PHONE CONTACT #3 _____

STREET _____ TOWN _____ ZIP _____

EMAIL ADDRESS (Optional) Information is only used for Parks & Recreation purposes. _____

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 the 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 and participants from claims arising out of injury to myself/my child. Any injuries will have to be covered by the individual's insurance.

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

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

PARENT/PARTICIPANT SIGNATURE _____ Date _____

Total Fee: _____ Date Pd: _____ Cash/MC/Visa/Check _____ Rec'd by: _____

Please make checks payable to the Town of Hebron, 15 Gilead Street, Hebron, CT 06248.