



# Newington Parks and Recreation

Building a Strong Community

131 Cedar St. Newington, CT 06111

Phone: 860-665-8666

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www.NewingtonCT.gov

## Summer Music Registration Form—2019

### PRIMARY HOUSEHOLD CONTACT INFORMATION - PLEASE FILL OUT COMPLETELY

Parent First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Participant Name \_\_\_\_\_ Participant Date of Birth \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### PICK-UP AUTHORIZATION:

I hereby authorize the following person(s) to pick up my child from the Summer Music Program located at John Wallace Middle School. If there are any changes to these arrangements, I will give written notice. Parent/guardian must be included on this form.

Parent/Guardian Name: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please check if applicable:** My child is allowed to \_\_\_ **WALK** \_\_\_ **BIKE** to and from the program.

Child's School: \_\_\_\_\_ Grade in Fall: \_\_\_ Instrument child will play at Summer Music: \_\_\_\_\_

Instrument Played at Current School: \_\_\_\_\_ Years of Study: \_\_\_\_\_

Please circle program:	<b>Beginner: \$125 (Residents)</b>	<b>\$145 (Non-Residents)</b>	<b>Program ID: 2030802-A1</b>
	<b>Advanced: \$125 (Residents)</b>	<b>\$145 (Non-Residents)</b>	<b>Program ID: 2030803-A1</b>
	<b>Advanced PLUS: \$180 (Residents)</b>	<b>\$200 (Non-Residents)</b>	<b>Program ID: 2030804-A1</b>

If participant has special medical concerns, allergies or special needs that we should be aware of, please describe: \_\_\_\_\_

Supplemental registration forms are available in our office or on our website: [www.newingtonct.gov/parksandrec](http://www.newingtonct.gov/parksandrec).

### READ CAREFULLY AND SIGN BELOW

Assumption of Liability: Participation in the activity may involve risk or injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Town of Newington, its employees, contracted instructors, and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the Town of Newington does not provide accident/medical insurance for the program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the above named parent/guardian/emergency contact cannot be reached at the phone numbers provided. The Parks and Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Parks and Recreation use only and may be used in future catalogs, website, social media, brochures, pamphlets, and/or flyers. No refunds will be given after a participant has registered and paid for a program, except for medical reasons (illness or injury) which prohibit active participation in the program. Refund Requests must be accompanied by a note from the participant's physician. The amount refunded will be pro-rated to reflect the number of classes remaining at time of request.

ADULT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### PAYMENT INFORMATION

Payment Type: [ ] Cash [ ] Check [ ] Credit Card [ ] Debit

Credit Card Type: [ ] Visa [ ] Mastercard [ ] Discover

*Please note that there is a \$10 minimum for all credit card transactions.*

Registration Fee Subtotal: \$ \_\_\_\_\_

**"ROUND UP" For Youth Recreation**  
*Rounding up your program fee helps provide financial assistance for those unable to afford the program fees for youth activities.* + \$ \_\_\_\_\_

**TOTAL AMOUNT: \$ \_\_\_\_\_**

CREDIT CARD #: \_\_\_\_\_ EXP. DATE \_\_\_ / \_\_\_