

**Recreation Activity Registration Form**  
**Burlington Parks and Recreation Department - 200 Spielman Highway – Burlington, CT 06013**  
**860-673-6789 ext. 7, [parksandrec@burlingtonct.us](mailto:parksandrec@burlingtonct.us)**

Parent/Guardian: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_

Town (other than Burlington) \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell or Emergency Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

	<b>ACTIVITY &amp; SPECIFICS</b>	<b>PARTICIPANT'S LAST NAME</b>	<b>FIRST NAME</b>	<b>GRADE</b>	<b>D.O.B.</b>	<b>FEE</b>
1.						
2.						
3.						
4.						
				<b>FEE TOTAL:</b>		
				<b>Make Checks Payable to:</b>		
	<b>Please include specifics of activity Level, Time, Day, if necessary</b>			<b>Town of Burlington</b>		

**Non-Residents please add \$10.00 per participant per program.**  
**LATE FEE: Add \$15.00 if submitted after advertised registration deadline.**

**Refunds are issued only in the following circumstances:**

1. Refunds, minus a \$10 processing fee, will be given when requested in writing up to three business days prior to the start of a program.
2. Refunds will be issued for medical emergencies when accompanied by a physician's note, relocation, a program participant is replaced by a new participant, or if a program is cancelled by the Department.
3. Refund request must be made in writing and submitted to the Parks and Recreation Office.
4. No refunds will be given for any unused portion of a program. Fees are not pro-rated.

**WAIVER FORM**

**Please list any condition of which the supervisor/instructor should be made aware of in order to better understand and better serve your individual need(s)** \_\_\_\_\_

I recognize that there are risks of injury involved in members of my family participating in recreational activities conducted by the Town of Burlington. Therefore, in consideration of the Town of Burlington conducting recreational activities and enrolling members of my family in such activities or permitting members of my family to participate in such activities, I do hereby, on behalf of myself and all members of my immediate family, release the Town of Burlington and its employees and agents from all liability with respect to an injury received by me or any member of my family arising from such activities.

**Photographs that are taken of participants in our programs may be used in our publicity, unless participant, parent or guardian indicates otherwise.**

\_\_\_\_\_  
**Signature of Parent/Guardian (if participant is under 18) or Participant** **Date**  
Rev. 3/13