

BRIDGEWATER RECREATION COMMISSION

P.O. Box 216, Bridgewater, CT 06752 (860) 355-9133 email: recreation@bridgewatertownhall.org

PROGRAM REGISTRATION FORM

Registration forms must be submitted by mail or in person to the address above.

FAMILY ACCOUNT INFORMATIO	N					
HEAD OF HOUSEHOLD NAME		email:				
MAILING ADDRESS		TOWNZIP WORKCELL				
PHONE: HOMEWORK			CELL			
NOTIFY IN CASE OF EMERGENCY						
NAMERE		ationship	PHONE			
Participant's Name	DOB	Activity name	Start date	Time	Fee	
Payment by:	(payable to Tow	Fee Total: Town of Bridgewater)				
		LIABILITY WAIVE				
Participant will hold harmless the Town which participant personally incurs or participating in this program.						
Adult participant signature:		Date:				
REQUIRED IF PARTICIPANT IS UNDER THE specifically acknowledge all of the pr			cipation of the child liste	ed in the above-descr	ibed activity and	
Parent/guardian signature:			_ Date			

REFUND / CANCELLATION POLICY: A minimum number of participants is required to hold classes and take trips. When registration is below the minimum, the Bridgewater Recreation Commission reserves the right to cancel the program with participants receiving full refund or credit. It is highly recommended that you pre-register as early as possible to avoid programs being cancelled due to lack of enrollment. If a class is cancelled by the BRC, a full refund or credit will be given. Refunds are not available once a program begins. Registration form must be returned to the Bridgewater Recreation Commission at the above address. For more information call the Bridgewater Recreation Commission at 355-9133.