



Bolton Recreation Department

Recreation Director– Kyleen Mike

Contact Information: (860)649-8066 X6109 kmike@boltonct.org

General Program Registration Form

Forms must be filled out in it's entirety. Registration will not be complete until we receive full payment for the program. Any questions in regard to the form or the program can be addressed by contacting the Recreation Department. If you are registering multiple children, a new form must be filled out for each child. Registration information is only used for Recreation Program purposes and will not be shared or sold. No Late registrations will be accepted unless there is space within the program; there will be a \$20.00 late fee.

Participants Name: _____ DOB: _____ Age: _____ Gender: _____

Street Address: _____ Town: _____ Zip Code: _____

Parent/Guardian Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Person Name and Phone: _____

Emergency Contact Person Name and Phone: _____

Please list any allergies, medical concerns, disabilities or general notes that our staff should be made aware of:

Program Information–

Program Name: _____ Session/Dates: _____ Time: _____ Cost: _____

Program Name: _____ Session/Dates: _____ Time: _____ Cost: _____

Program Name: _____ Session/Dates: _____ Time: _____ Cost: _____

Total Due: _____ Chose appropriate payment type: Cash Check # _____ Make Checks payable to Town of Bolton

Credit cards may be used for payment online or in office with a 3% non refundable convenience fee

Spaces within programs are limited. Registrations for programs will be accepted on a first come first serve basis. Your space in the program may not be saved without receipt of payment. All programs are self supporting and have registration deadlines. If minimum registration numbers have not been met by this date programs may be cancelled by the Recreation Department. No refunds will be granted once you have registered for a program unless the program is cancelled by the Recreation Department, or on request for a medical reason. No refunds will be granted once the program has begun.

I, the participant or parent/guardian of the above named participant in the Bolton Recreation program(s), give my approval for his/her participation in any and all activities within the program. I assume all risks and hazards incidental to such participation. I so hereby waive, absolve, indemnify and agree to hold harmless the Bolton Recreation Department employees, volunteers, or participants, from claims arising out of injury to myself or my child. I give permission for all program volunteers and employees to provide emergency first aid or obtain emergency medical treatment for myself or my child in the event that an emergency occurs. I agree to abide by the recreation department policies with registration. I understand participants may be photographed and used in program publicity.

Parent/Guardian Signature: _____ Date: _____