Registration Form

Main Contact **Last Name** _____ **First** _____

Address _____ City _____ Zip _____

Home Phone _____ Daytime Phone _____ Cell/Other _____

Email Address _____ Emergency Name _____ Phone _____

Relationship _____ Physician Name _____ Phone _____

FULL REFUNDS ARE ISSUED FOR CANCELLED CLASSES, SEE REFUND POLICY ON INSIDE COVER OF GUIDE!

A registration form needs to be completed with each new guide release.

Participant Name	Birth Date	Gender	Course Barcode	Class Name	Day/ Time	Fee
	/ /					
	/ /					
	/ /					
	/ /					
	/ /					
	/ /					
If you wish to make a donation to our recreation program scholarship, please add your $1.00 donation here:						**$1.00**
					TOTAL	

I, the undersigned participant (if 18 years of age or older), or parent or guardian of above named participant in the Town of Windsor Parks & Recreation program(s), hereby agree that the named participant be allowed to participate in the activity(ies), class(es), or event(s) described on this registration form and in the program guide. I have been informed of the risks involved in such participation, including, but not limited to, temporary and/or permanent injury to the property, person, and/or death because or on account of such participation. On behalf of myself and the above named participant, I hereby waive any and all claims for damages of any kind whatsoever against the Town of Windsor, its officers, employees, contract instructors and community organizations co-sponsoring programs, arising out of or incidental to participation in any of the above-described activity(ies), class(es), or event(s). I further agree to indemnify, hold harmless, and defend the Town of Windsor, its officers and employees, against any claim for damages of any kind whatsoever arising out of or incidental to the participation in the above-named activity(ies), class(es), or event(s). I further authorize qualified physicians to render emergency medical treatment or care they deem necessary for the participant because of illness or accident which occurs during the course of any of the above-described activity(ies), class(es), or event(s). In addition, I agree to allow use of my/our photograph for program publicity.

Signed: _____ Date: _____

METHOD OF PAYMENT: _____M/C ____Visa _____Discover ____American Express _____Check* _____Cash

Card No. _____ Expires _____ CVC# _____

Card Holder's Name _____ Card Holder's Signature _____

***Please make check payable to the Town of Windsor. Mail to P.O. Box 100, Windsor, CA 95492**

Recreation guide and registration forms can be found on our website at www.townofwindsor.com Be sure to sign each registration form. Registration forms may be faxed to (707) 838-1264 when using a credit card. If registering for a Senior Center class/activity, please mark your envelope or fax "Attention: Senior Center." The Town of Windsor's recreation programs are open to participants of all abilities. If you need reasonable accommodations, please contact us. The Town of Windsor reserves the right to cancel any class due to insufficient enrollment. Please see the front inside cover of the recreation guide for REFUND POLICY. Windsor resident discounts are for those with a 95492 zip code or who live within the Windsor Water District. If your zip code is not 95492, a copy of your Windsor water bill must be provided to receive a resident discount.

For more information call the Parks & Recreation office at 707-838-1260

TOWN OF WINDSOR