

Prospect Parks and Recreation Adult Program Application

Participant Information

Last Name:	First Name:	Middle Initial:	Gender: M / F
Mailing Address:			
City:	State:	Zip Code:	Date of birth: / /
Home phone: ()	Cell phone: ()	Email:	

Emergency Contact Information

Name:	H. Number:	Cell:
Name:	H. Number:	Cell :
Insurance Company:	Insurance #:	
Physician's Name:	Contact #:	
List of all Allergies and/or Medications:		

Program Registry

Program	Start Date/Time	Place	Fees: Res./Non-Res.	Total
<input type="checkbox"/> Yoga	Sept. 10/ 6:00pm	Grange Hall	\$104	
<input type="checkbox"/> Men's Basketball	Sept. 20/9:00pm	LRMS Gym	Register as a Team	
<input type="checkbox"/> Over 35 Men's	Oct. 1 / 9:00pm	LRMS Gym	\$15 / \$20	
<input type="checkbox"/> Women's Volleyball	Sept. 17/ 7:00pm	Community School Gym	\$15 Res/\$20 Nonres	
<input type="checkbox"/> Women's Basketball	TBA - 10:00am	Community School Gym	\$15 Res/\$20 Nonres	
<input type="checkbox"/> Pilates	Sept. 11/6:00pm	Prospect Fire House	\$104	
<input type="checkbox"/> Get Fit Together	Sept. 4 / 9:30am	Grange Hall	\$3 per class	
<input type="checkbox"/> Ballroom Dance	Sept. 4 / 7:00pm	Grange Hall	\$40 Res/\$45 Nonres	

Amount Enclosed \$ _____ Check _____ Cash _____

I hereby agree to release, discharge, and hold harmless, the Town of Prospect, its employees and volunteers from any liabilities, which may occur while participating in the recreational activity above. I understand that participation in any recreational or sport activity may involve risk.

Participant Signature

Date

Make checks payable and Mail to: Prospect Parks and Recreation
36 Center Street
Prospect, CT 06712

REFUND POLICY: There are no refunds once a program has begun, except for a medical reason. Prospect's Parks and Recreation Department will cancel a program if there is insufficient numbers for the program to run. If a program is canceled due to lack of participation or other reasons, a full refund will be given to those who paid previously to the program start date.