

# Activity Registration Form

**Killingly Parks and Recreation**  
**185 Broad Street, Killingly, CT 06239**



All forms must be accompanied by full payment. Mail in or drop off at the above address.

Office Hours: Monday - Friday 8:30 am - 4:30 pm

**Registration Policies:** Include right to cancel class if there is low enrollment, and reminder that there is limited registration on certain programs so register early to avoid missing out on a class or program.

**Program Waiver:** The undersigned individual and/or as parent or guardian of the named child do hereby agree to waive, release, and hold harmless the Town of Killingly and its agents and employees from any and all causes of action including injury and property damage.

*(Please Print)*

Name of Participant \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Name of Parent(s) \_\_\_\_\_

Day/Time \_\_\_\_\_ Course Name \_\_\_\_\_ Fee \$ \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Day Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Work/Day Phone \_\_\_\_\_

Special Considerations \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Parent DOB \_\_\_\_\_

Authorized pick-up person(s) \_\_\_\_\_

Payment Method *(check one)*    Cash ☐    Check ☐    *(Make payable to "KPRD")*    Shirt Size \_\_\_\_\_

Email Address \_\_\_\_\_