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 to the above address. Office Hours: Monday-Friday 8:30am – 4:30pm

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)____________________
Address__________________________ City________ State/Zip code________________
Course Name__________________________ Day/Time________________ Fee$

Cell__________________________ /Cell Provider *To receive Text for cancelations
Home Phone__________________________ Work/Day Phone____________________________
Emergency Contact__________________ Emergency Contact Phone________________________

Special Considerations:____________________________________________________________

____________________________________________________________
Parent /Guardian Signature:__________________________ Parent DOB________________________

Authorized Pick-up Person(s)________________________________________________________

Email Address:______________________________________________________________

Payment Method (check one)  Cash☐ Check☐ (Make Payable to “KPRD”)