

**Avon Recreation Department Household Registration Form**  
(Please make sure all information is completely filled in)

60 West Main Street  
Avon, CT 06001  
Fax No. 860-409-4334

**HOUSEHOLD/ACCOUNT INFORMATION**

Last Name, First Name:

Email Address:

Address:

Town/City:

Home Phone: (     )

Work Phone: (     )

Cell Phone: (     )

**EMERGENCY CONTACT INFORMATION**

Spouse/Legal Guardian Name:

Email Address:

Relationship:

Home Phone:

Work Phone:

Cell Phone:

**ACTIVITY REGISTRATION INFORMATION**

Participant Last Name	Participant First Name	Date of Birth	Gender	Grade	Activity Name - Time	Activity No.	Fee
					Optional: Recreational Assistance Fund	RAF Amount	
					<b>TOTAL AMOUNT DUE</b>		\$

**MEDICAL:** Please list any problem/disability (learning, emotional, hearing loss, allergies, physical, etc) of which the supervisor/instructor should be made aware of in order to understand and better serve your individual need or to participate in program(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Waiver of Participant by parent or self:** I hereby agree to release, discharge and hold harmless the Town of Avon, its directors, officers, employees, agents, contractors, and/or volunteers from any and all liability or damage that may occur during either my participation or the participation of my minor child in the above listed recreational activities. I understand that participation in any recreational or sport activity involves risk, and I grant permission to the Town of Avon to utilize any medical emergency services it deems necessary to treat any injuries that I or my minor child may incur. I further understand that the Town of Avon does not provide insurance for recreational program participants. Photo Release: I understand that for promotional purposes the Town videotapes and/or takes photographs of participants enrolled in recreation activities, classes or programs. I hereby release and permit the Town of Avon to utilize for said promotional purposes any photographs and/or videotapes of me or my minor child engaged in the above listed recreational activities.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Payment Method (Circle One):**    MasterCard / VISA                  Discover                  American Express                  Cash                  Check No. \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code (on back of card) \_\_\_\_\_