



Program Registration

Program Name _____ Activity # _____ Session # _____
 Shirt Size (Y) _____ (A) _____
 Participants Name _____ Grade _____
 Birth Date _____ Age _____
 (SWIMMING PROGRAM ONLY) Learn to Swim Level _____ Time: _____
 Address _____
 Zip Code _____ Parent 1 /Guardian _____
 E-Mail _____ Home Phone _____
 Work Phone _____ Cell Phone _____
 Parent 2 /Guardian _____
 E-Mail _____ Home Phone _____
 Work Phone _____ Cell Phone _____
 In case of Emergency notify the following: Name: _____
 Phone # _____
 List Physical Restriction(s): _____

RELEASE: The undersigned here by agree(s) to assume all risk and bear all responsibility and to hold the CITY OF NORWALK, its agents, representatives, servants officers and employees, harmless from and against any and all liabilities, losses, damages, and injuries to persons or property, including any and all costs and expenses incurred in the defense of such claim including court costs and attorneys' fees resulting from, arising out of, or in any way related to or connected with their participation in the _____ Program sponsored by the City of Norwalk Recreation and Parks Department thereof. I hereby, for myself, my minor children or charges, my heirs and assigns, do forever discharge the City of Norwalk, its agents, representatives, servants, officers and employees from all claims including claims of negligence or carelessness, alleging damages and any and all causes of action which I may have or may hereafter have, arising out of, related to, or in any manner connected with injuries or damages I may sustain by reason of my participation in the above-described program or use of the City of Norwalk property, facilities, or apparatus. Dated at Norwalk, Connecticut _____ day of _____ 2021

Please check one: Parent _____ Guardian _____
 Participant Name (print): _____
 Signature of Parent/Guardian or Participant: _____

Charge: (CIRCLE) MASTERCARD- VISA- CHECK- Card #: _____ - _____ - _____ - _____
 Expiration Date: _____ CVC _____
 Card/Check Holder's Signature: _____

Card/Check Holder's Name (Please Print): _____

*Driver's License # for all payments submitted by check _____