

FARMINGTON VALLEY RECREATION SWIM TEAM (221640 - YEAR OF BIRTH)

1. Please use a separate registration form for each participant. The waiver form **must** be signed in order to be registered.
2. Please make checks payable to: **Town of Farmington**. One check may be used to register for more than one program/participant.
3. Payment must accompany registration/waiver form.
4. Please return to: **Farmington Recreation, 7 Westwoods Drive, Farmington, CT 06032 Phone: 860.675.2540, Fax: 860.675.2544**

REGISTRATION & WAIVER FORM

I recognize that there are risks of injury involved to members of my family participating in recreational activities conducted by the Town of Farmington. Therefore, in consideration of the Town of Farmington conducting recreational activities and enrolling members of my family in such activities or permitting members of my family to participate in such activities, I do hereby, on behalf of myself and all members of my immediate family, release the Town of Farmington and its employees and agents from all liability with respect to an injury received by me or any member of my family arising from such activities. I understand that for promotional purposes the Town of Farmington may videotape and/or takes photographs of participants enrolled in recreation activities, classes or programs. I hereby release and permit the Town of Farmington to utilize for said promotional purposes any photographs and/or videotapes of me or my minor child engaged in activities associated with the Town of Farmington.

YEAR OF BIRTH: ___ BORN 2008 ___ BORN 2007 ___ BORN 2006 ___ BORN 2005 ___ BORN 2004 ___ BORN 2003
 ___ BORN 2002 ___ BORN 2001 ___ BORN 2000 ___ BORN 1999 ___ BORN 1998 ___ BORN 1997

Participant Name: _____ Date of Birth: _____

Address: _____ Town: _____ Zip Code: _____

Telephone (home): _____ (work): _____ (cell): _____

Email: _____

Credit Card Number: _____ EXP Date: _____ () Check () Cash

Parent/Guardian Name: _____ Date: _____

Medical Information

Please list any condition of which the supervisor/instructor should be made aware of in order to understand and better serve your individual need(s).

Condition: _____

REGISTRATION BEGINS MONDAY, SEPTEMBER 15

REGISTER ONLINE: [HTTPS://REC.FARMINGTON-CT.ORG](https://rec.farmington-ct.org)