

Registration Information & Form

REGISTRATION:

No telephone registrations will be accepted.
 Deadline for registration is one week prior to the beginning of a class unless otherwise noted.
 If the original class offered should be filled, a wait list will be started. Additional sessions will be added if sufficient interest is shown and if space and instructors are available.
 Registrations are first-come, first-serve basis.
 Persons are not considered registered until their fee has been paid

REFUND POLICY:

Refunds will be issued if:
 A class is filled.
 A class is cancelled by the department due to insufficient enrollment.
 It is requested by the participant at least one week prior to the first class/ program/ trip (Less \$10.00 Administration Fee).
NO REFUND WILL BE ISSUED AFTER A CLASS HAS BEGUN.
 Refunds take 3-4 weeks to process.

CANCELLATION:

The Canton Parks and Recreation Department reserves the right to cancel any class or activity due to insufficient enrollment.
 Any activity held at any Canton School will follow the school holiday and weather cancellation procedures.
 Cancellations are posted on WFSB channel 3, WTNH channel 8, and Radio WTIC 1080 am, 96.5 fm.

NON-RESIDENT POLICY:

Canton residents are given priority placement in all scheduled events. Out-of-town residents are welcome if space is available.
 An additional \$10.00 fee will be charged for non-residents.

SPECIAL NEEDS PARTICIPANT:

Many of our programs may be adaptable to individuals with special needs. If you have an interest in a specific program or class, please call the Parks and Recreation Department as to the suitability of the program and the ability to adapt it to the individual. Parks and Recreation will provide an Aid for one program per person per brochure.

Registration Form

Parent/Registrant's Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 _____ Zip: _____ E-mail Address: _____
 Emergency Contact: _____ Phone: _____

Participant's Name	Age	DOB	Sex	Grade	Activity Name	Session/Time	Fee
1 _____	_____	_____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____	_____	_____
Total							_____

Do any of the above-listed participants have any allergies? Yes / No Please specify: _____
 Do any of the above-listed participants have any special needs? Yes / No _____

Parent or Guardian Waiver/ Release

In consideration of your accepting this entry, I hereby for myself, my heirs, executors administrators, and assigns, waive and release any rights and claims for injuries or damages I may have against the agency providing the activities listed above and its representatives, successors, and assigns for any and all injuries or damages suffered by myself or my child or other family member at any activity sponsored by these groups.

Registrant/ Parent Signature: _____ Date: _____