Stonington Human Services - Adult Program Registration Form

Program(s):						
Name:	Date of Birth: Gender:					
How did you hear about our program? _						
Email: Woo	uld you like to receive	email notices and program	m updates?			
Street Address:	City:	ST: Zip	:			
Home Phone:	Workplace	Workplace/Location:				
Cell Phone:	Work Phone:					
Emergency Contact:	Phone:					
Please indicate any limitations, restrictio program(s):	on, or concerns you	have for participation	n in the above			
This is to certify that I, do hereby certify agreement, and release of liability, and consheirs, assigns, successors, executors, adminand hold harmless the Town of Stonington suits, or demands by anyone arising from sathe part of the Town of Stonington and in reserves the right to take photographs to be	sent and agree to the nistrators, and legal and its agents, serv aid participants in pr ts agents, servants	e release set forth above representatives, agreed ants, or employees, fro ogramming including cla or employees. <i>Stoning</i>	re, and for myself, my to defend, indemnify, om any and all claims, aims of negligence on			
Signature:		Date:				
Stor	ld be returned, with prington Human Serv 66 South Broad Stre	vices				

Pawcatuck, CT 06379

Office Hours: Monday-Friday, 8:30AM-4:00PM

Checks can by made payable to *Stonington Human Services*. Forms may be placed, with payment, in the lockbox located on the Human Services building, to the left of the entrance.

REFUND POLICY:

Refunds for children and adult programs/trips will be granted in full if notification is given to the Department of Human Services 2 weeks prior to the first day the program starts. Exceptions will be made if there is a waiting list for a program/trip. A full refund or credit will be granted if the Department of Human Services cancels a program.

FOR DEPARTMENT	Amt				
USE ONLY	Rec'd	Date	Initials	Tracked	