

# Stonington Human Services – Adult Trip Registration Form

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Trip(s): \_\_\_\_\_

## Household Members Attending:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Email Address: \_\_\_\_\_ *Would you like to receive email notices and program updates?* \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate any limitations, restriction, or concerns you have for participation in the above program(s):  
 \_\_\_\_\_

This is to certify that I, do hereby certify that I have read and understand this waiver, hold harmless agreement, and release of liability, and consent and agree to the release set forth above, and for myself, my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify, and hold harmless the Town of Stonington and its agents, servants, or employees, from any and all claims, suits, or demands by anyone arising from said participants in programming including claims of negligence on the part of the Town of Stonington and its agents, servants or employees. *Stonington Human Services reserves the right to take photographs to be used in publications for the Department.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Forms should be returned, with payment, to:  
 Stonington Human Services  
 166 South Broad Street  
 Pawcatuck, CT 06379  
 Office Hours: Monday-Friday, 8:30AM-4:00PM

Checks can be 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 USE ONLY	Amt Rec'd		Date		Initials		Entered in CMT?	
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