

# Stonington Human Services - Trip Registration Form

TRIP \_\_\_\_\_ DATE \_\_\_\_\_

## 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 of upcoming events?* \_\_\_\_\_

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

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

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

Do you have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate any limitations, restriction, or concerns you have for participation in the above trip:

\_\_\_\_\_  
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, 9:00AM-4:30PM

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 trips will be granted, in full, if notification is given to the Department of Human Services **2 full business weeks** prior to the 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?	
----------------------------	--------------	--	------	--	----------	--	--------------------	--