Program Registration Form

Return completed form and fee payable to:

Stonington Community Center, Inc.

PO Box 286 ~ 28 Cutler Street, Stonington, CT 06378

Participants Name	DOB	Grade	Class/Program	Dates	Times	Fees
					TOTAL	

Parent(s)/Guardian(s) Name_____

Mailing Address_____

Phone_____**E-Mail**_____

You will NOT be notified of enrollment unless difficulty is encountered.

Please keep a record of dates and times of programs.

Refunds must be requested prior to the second class meeting.

RELEASE WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I hereby release the Stonington Community Center, its employees, volunteers and Board of Governors from all responsibility for any illness or injury incurred by participants while traveling to and from or participating in the above mentioned activity

Signed_____Date_____

PHOTO RELEASE

I hereby give permission for any images captured by photo, video, or digital camera during regular and special COMO activities, to be used solely for the purposes of The Stonington Community Center's promotional material and publications, and waive any rights of compensation or ownership thereto.

Signed_____Date_____