

# CHESHIRE COMMUNITY POOL REGISTRATION FORM

**THIS FORM NEEDS TO BE COMPLETED IN FULL OR IT WILL NOT BE ACCEPTED  
PAYMENT MUST ACCOMPANY REGISTRATION.**

## PARTICIPANT REGISTRATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Activity Code	Name of Program	Fee
_____	_____	_____
_____	_____	_____

## FAMILY INFORMATION

### ADULT/GUARDIAN 1

### ADULT/GUARDIAN 2

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town & Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town & Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Family E-Mail Address: \_\_\_\_\_  
 Emergency Contact Name (other than above): \_\_\_\_\_ Phone: \_\_\_\_\_

### HEALTH INFORMATION: All information will be kept confidential. Please check all that apply

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Allergy/Anaphylaxis                      | <input type="checkbox"/> Behavioral Issues        | <input type="checkbox"/> Learning Disability                      |
| <input type="checkbox"/> ADD/ADHD                                 | <input type="checkbox"/> Congenital Heart Disease | <input type="checkbox"/> Physical Dysfunction/Mobility Difficulty |
| <input type="checkbox"/> Asthma                                   | <input type="checkbox"/> Cystic Fibrosis          | <input type="checkbox"/> Seizure Disorder                         |
| <input type="checkbox"/> Auditory or Visual Processing Difficulty | <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Vision, Hearing or Speech Problem        |
| <input type="checkbox"/> Autism                                   | <input type="checkbox"/> Intellectual Disability  |   |

If any item was checked please elaborate: \_\_\_\_\_

For us to better accommodate participant's needs, please list any medical, physical, psychological or emotional issues not mentioned above: \_\_\_\_\_

### SWIM LESSON INFORMATION REQUESTED: Please complete if registering for swim lessons

Alternate : \_\_\_\_\_

Private lesson availability: Session \_\_\_\_\_ Time: \_\_\_\_\_ (private lesson only)  
 Second Choice Session \_\_\_\_\_ Time: \_\_\_\_\_ Teacher Preference \_\_\_\_\_

Participant acknowledges that he/she or the parent or guardian 1) has read and understands the information given, 2) certifies that he/she is in good physical condition and is fit to participate in this activity, 3) understands that Aquatic/ Recreational Activities have categories of inherent risk and that accidents can occur, and 4) that he/she must always be alert for dangers to themselves and to other participants. Participants may be photographed for the purpose of promotion or advertising in future brochures, in newspapers or in the Cheshire Parks and Recreation website. Participant must sign below, if participant is under 18 years of age a parent/guardian signature is required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PAYMENT REGISTRATION

Master Card     Visa     Discover     Cash     Check payable to: Cheshire Community Pool

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amt. Paid: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date