

SPRINGS BROOK PARK Registration Form: page 1 of 2

Last Name: _____ Phone: (____) _____
 Address: _____ Town/Zip _____
If registering for swim lessons, please indicate parent work & emergency phone #'s :
 work /cell# (mother) _____ work/cell # (father) _____
 Emergency name and # other than parent _____
 E-Mail Address: _____

• FULL MEMBERSHIP	Resident	Non-Resident
Individual:	\$85	\$110
Family:	\$250	\$350
• 2 Week Lesson Pass (valid M-F only) \$40 per person/\$120 per family both resident & non resident • Bedford Middle School or High School Student: \$25 • Senior Citizen (65+): Free (must register in advance or show ID with date of birth at Park)		
LESSONS	Resident W/ SBP Full Membership (Not valid with 2-week pass)	Non-Resident W/ SBP Full Membership (Not valid with 2-week pass)
Day Sessions I, II, III	\$35	\$45
Evening Session	\$35	\$45
Parent/Tot class	\$35	\$40
	Resident W/O SBP Full Membership	Non-Resident W/O SBP Full Membership
Day Sessions I, II, III	\$60	\$70
Evening Session	\$60	\$70
Parent/Tot class	\$35	\$40

Payment Information

Membership/Pass Fee:\$ _____ Swim Program Fee:\$ _____ Contribution to Neighbors Fund:\$ _____

TOTAL FEE DUE:\$ _____

Payment Type: ___ Cash ___ Check ___ MC/Visa MC or Visa #: _____ Exp. Date: _____

I, the undersigned [mother/father/legal guardian] of _____, a minor, do hereby consent to his/her participation in the swim program, run by the Bedford Recreation Department and do forever RELEASE, acquit, discharge and covenant to hold harmless the Town of Bedford, and the Town of Bedford Recreation Department and all of its employees and agents from any and all actions, causes of action, and claims, including, but not limited to negligence, on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage occurring while participating in any part of the swim program, wherever it occurs, which I may now or hereafter have as the parent of said minor, and also any and all claims, actions, causes of actions, including, but not limited to negligence which said minor has or hereafter may acquire, either before he/she or after he/she has reached his/her majority resulting from his/her participation in the Town of Bedford Recreation Department's swim program.

I consent to the use of my minor child(ren)'s/my own name, picture and/or likeness in any broadcast, photographs, motion pictures, recordings, or other accounts of any program(s), operations, activities, projects, events or tours organized, operated and/or sponsored by the Town of Bedford, and the Town of Bedford Recreation Department and all of its employees and agents, unless I notify the Town of Bedford Recreation Department in writing that I withdraw my consent.

Signature: _____ Date: _____ (parental if participant is under 18 years of age)

MEMBERSHIP SUMMER 2014

List family members (immediate family only - father, mother, children living at same address)

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Two Week Lesson Pass: Valid Monday - Friday only

Session 1 Session 2 Session 3
 6/30-7/11 7/14 - 7/25 7/28 - 8/8

Total Membership Fee: _____

SPRING BROOK PARK REGISTRATION FORM (Page 2 of 2)

SPRINGS BROOK PARK SWIM LESSON REGISTRATION FORM - Child 1

Student's Name: _____ Sex: M / F Birthdate _____ AGE _____

Special Needs/Concerns: _____

Evening: Session: Level: _____ Time: _____ *Alternate if time full:* _____

Session 1: Level: _____ Time: _____ *Alternate if time full:* _____

Session 2: Level: _____ Time: _____ *Alternate if time full:* _____

Session 3: Level: _____ Time: _____ *Alternate if time full:* _____

SPRINGS BROOK PARK SWIM LESSON REGISTRATION FORM - Child 2

Student's Name: _____ Sex: M / F Birthdate _____ AGE _____

Special Needs/Concerns: _____

Evening: Session: Level: _____ Time: _____ *Alternate if time full:* _____

Session 1: Level: _____ Time: _____ *Alternate if time full:* _____

Session 2: Level: _____ Time: _____ *Alternate if time full:* _____

Session 3: Level: _____ Time: _____ *Alternate if time full:* _____

SPRINGS BROOK PARK SWIM LESSON REGISTRATION FORM - Child 3

Student's Name: _____ Sex: M / F Birthdate _____ AGE _____

Special Needs/Concerns: _____

Evening: Session: Level: _____ Time: _____ *Alternate if time full:* _____

Session 1: Level: _____ Time: _____ *Alternate if time full:* _____

Session 2: Level: _____ Time: _____ *Alternate if time full:* _____

Session 3: Level: _____ Time: _____ *Alternate if time full:* _____

PARENT/TOT SWIM CLASSES

Student Name: _____ Sex: M / F Birthdate _____ AGE _____

Special Needs/Concerns: _____

Option 1: 5:35-6:15pm (July 7-July 14) Fee: _____

Option 2: 1:05-1:45pm (July 17-July 21) Fee: _____

Student Name: _____ Sex: M / F Birthdate _____ AGE _____

Special Needs/Concerns: _____

Option 1: 5:35-6:15pm (July 7-July 14) Fee: _____

Option 2: 1:05-1:45pm (July 17-July 21) Fee: _____