



RECREATION DEPARTMENT

388 PLEASANT STREET, SOUTHINGTON, CT 06489
RECREATIONDEPT@SOUTHINGTON.ORG; 860-276-6219
[HTTPS://WWW.SOUTHINGTON.ORG/RECREATION](https://www.southington.org/recreation)

DAVID A. LAPREAY
*Director of Recreation,
Youth & Senior Services*

JULIA BERARDINELLI
Administrative Assistant

PROGRAM: Adult Fitness: Ages 18+ (*January-February 2024*)
FEE: \$80.00 per person/full session; \$40.00 per person/half session
DUE BY: Tuesday, January 9, 2024

PARTICIPANT'S NAME: _____

PHONE: _____ E-MAIL: _____

KNOWN ALLERGIES &
MEDICAL CONDITIONS: _____

PLEASE SELECT ONE OPTION: ☐ I will attend the full 16-class session (2 days/wk; \$80).
☐ I will attend only half of the classes (1 day/wk; \$40).

As a participant in a Southington Recreation Department adult exercise program, I acknowledge the fact that a risk of injury may exist due to the nature of the activity. I agree to hold harmless the Town of Southington, the Recreation Department, its instructors and all persons connected with the program in the event of any injury I might incur. I am also aware that there are no medical personnel in attendance and, as such, I choose to participate at my own risk.

SIGNATURE OF PARTICIPANT

DATE

SUBMIT FORM & PAYMENT BY MAIL: Recreation Department, 388 Pleasant Street, Southington, CT 06489

-OR- IN PERSON: Southington Calendar House Senior Center, 388 Pleasant Street
Office Hours: Monday-Friday, 8:30 am-4:30 pm

*Please Make Check or Money Order Payable to “**Town of Southington**”*