

SUBMIT FORM & PAYMENT BY MAIL:

-OR- IN PERSON:

RECREATION DEPARTMENT

388 PLEASANT STREET, SOUTHINGTON, CT 06489 RECREATIONDEPT@SOUTHINGTON.ORG; 860-276-6219 HTTPS://www.southington.org/recreation

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

Julia Berardinelli *Administrative Assistant*

| FEE: | \$99.00 per child |
|--|---|
| DUE BY: | Friday, January 12, 2024 |
| | |
| CHILD'S NAM | ME: AGE: |
| PARENT/GUA | RDIAN'S NAME: |
| PHONE: | E-mail: |
| · | |
| Known All Medical Co | ergies & |
| Medical Co | ERGIES & NDITIONS: rned, hereby affirm that I am the parent or legal guardian of the above-named child and |
| MEDICAL Co they have my p Recreation De exist due to th Department, I | ERGIES & NDITIONS: med, hereby affirm that I am the parent or legal guardian of the above-named child and permission to participate in the Martial Arts classes offered by the Town of Southington expartment and Leadership Martial Arts. I acknowledge the fact that a risk of injury may be nature of the activity. As such, I agree to hold the Town of Southington, the Recreation deadership Martial Arts, its instructors and all persons connected with the program |
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Recreation Department, 388 Pleasant Street, Southington, CT 06489

Southington Calendar House Senior Center, 388 Pleasant Street

Office Hours: Monday-Friday, 8:30 am – 4:30 pm