Mansfield Senior Center Registration Form
JUNE 2019 CLASSES AND EVENTS

Name: _____ Phone: _____

Address/Town/Zip: _____ Email: _____

DATE	✓	CLASS/EVENT/TRIP	DETAILS	FEE
MON		QUILTING—10:00AM-4:00PM	JUNE 3 & 17	$30 EACH
		CARDIO COMBO—9:00-10:00AM	3 CLASSES	$21.00
		SPARKETTES—10:15-11:45AM	4 CLASSES	$40.00
		YOGA—1:30-2:30PM	4 CLASSES	$28.00
TUES		STRENGTH & STABILITY—9:00-10:00AM	4 CLASSES	$28.00
		POWER OF AGING—10:45-11:45AM	3 CLASSES	$21.00
WED		YOGA—11:00AM-12:00PM	4 CLASSES	$28.00
		BEGIN TAP—1:00-2:00PM	4 CLASSES	$28.00
THUR		STRENGTH & STABILITY—9:00-10:00AM	4 CLASSES	$28.00
		POWER OF AGING—12:00-1:00PM	3 CLASSES	$21.00
		CARDIO COMBO—3:15-4:15PM	4 CLASSES	$28.00
FRI		YOGA—11:00AM-12:00PM	4 CLASSES	$28.00
EVENT		FRESH FRIDAY—12:00PM	FRIDAY, JUNE 14	$7.00
		CRAFTY CREATIONS—1:00PM	MONDAY, JUNE 24	$12.00
TRIPS		TOWER HILL BOTANICAL GARDEN—10:30AM	FRIDAY, JUNE 14	
		"THE MUSIC MAN"—12:30PM	TUESDAY, JUNE 18	$65.00
		SCHOONER ARGIA CRUISE—1:30PM	MONDAY, JUNE 24	$49.00
		COAST GUARD BAND CONCERT—10:30AM	SUNDAY, JUNE 30	
		CHECKS PAYABLE TO THE **TOWN OF MANSFIELD**	**TOTAL DUE**	

☐ CASH ☐ CHECK ☐ CREDIT

PLEASE NOTE: A signed registration form *and* payment are required to register for classes and activities. Registration forms are available in the newsletter, at the Senior Center and online at www.mansfieldct.gov/seniorregistration. If a class or program is canceled due to inclement weather or lack of an instructor a credit is issued to the participant's account. At the discretion of the Director and under extraordinary circumstances will any other refunds be given. Under no circumstances will cash or check refunds be given to participants.

WAIVER OF PARTICIPANT BY SELF: I hereby agree to release, discharge, and hold harmless the Town of Mansfield, its directors, employees, agents, contractors, and/or volunteers from any and all liability that may occur during either my participation in the above listed recreational activities. I understand that participation in any recreational sport or activity involves risk, and I grant permission to the Town of Mansfield to utilize any medical emergency services it deems necessary to treat any injuries that I may incur. I further understand that the Town does not provide insurance for recreational program participants.

PHOTO RELEASE: I understand that for promotional purposes, the Town MAY videotape and/or take photographs of participants enrolled in recreational activities, classes or programs. I hereby release and permit the Town of Mansfield to utilize for said promotional purposes any photographs and/or videotapes of me engaging in the above listed recreational activities.

Signature: _____ Date: _____