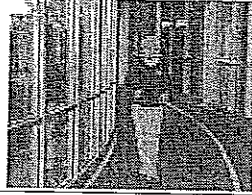


CITY OF MIDDLETOWN
PARKS AND RECREATION DEPARTMENT
WESLEYAN WALKING PROGRAM



WHERE: Bacon Field House Track in the **Freeman Athletic Center**, 161 Cross Street. Please park in the lot across from the Fire Station. There is no parking in the circle.

THIS SCHEDULE IS SUBJECT TO CHANGE AT ANY TIME!!

DATES/TIMES: Monday – Friday, 7:00 am to 9:30 am.

Except February 8th – March 19th, 2010 ~ 9:00am to 11:00 am

Facility Closed: Thanksgiving ~ Thursday and Friday
Wesleyan's Winter Break
All dates will be posted

Your walking pass does not expire, but we will require an updated application every two years.

REGISTRATION: Please return the enclosed application to the Recreation Department,
100 Riverview Center #140. Office hours are Monday through Friday, 8:30 a.m. to 4:30 p.m. **ANY QUESTIONS CALL 343-6620.**

REQUIREMENTS:

- All walkers wishing to walk must complete a waiver Form and receive an identification pass that will allow them entrance into the Freeman Athletic Center.
- Passes on a lanyard **MUST** be worn at all times.
- All walkers must be a Middletown resident and 50 or older.
- Seniors must wear clean sneakers to walk on the track.
- The pool, exercise equipment and the rink are not available to walkers.
- Wesleyan activities/sports take precedence over the walking program.

EMERGENCY PROCEDURES:

Wesleyan University nor the Parks and Recreation Department have any emergency personnel to handle any First Aid emergencies during the walking hours.

CITY OF MIDDLETOWN
PARKS AND RECREATION DEPARTMENT
WALKING REGISTRATION
MIDDLETOWN RESIDENTS

1. Complete ALL information requested and return to the Parks and Recreation Department.
2. For verification of residency, please send a copy of one of the following: Driver's License, Real Estate Tax Bill, or Utility bill with name and address. (P.O. Box addresses not accepted.)
3. Please Print all information clearly. Any questions please call 860-343-6620.

You must wear a Parks and Recreation identification pass at all times.

ACTIVITY CODE: 540400-09
(PLEASE PRINT)

NAME _____

(First)

(Last)

ADDRESS _____

#

(SIREEI)

(APARTMENT #)

New Address? Y N

HOME PHONE# _____

WORK PHONE# _____

EMERGENCY CONTACT NAME _____

PHONE # _____

DATE OF BIRTH _____ / _____ / _____

AGE: _____

SEX: _____

MEDICAL EMERGENCY INFORMATION

I understand and agree that: Middletown Parks and Recreation Department provides this program in conjunction with Wesleyan University. The Parks and Recreation Department offers no medical personnel on site for emergencies. Wesleyan does have procedures in place for emergencies, but does not have medical personnel on site.

To the fullest extent permitted by law, I agree to indemnify and hold harmless the City of Middletown, Wesleyan University, and their employees from any injuries or damages caused by or resulting from participating in this program.

SIGNATURE OF AGREEMENT

DATE

Please return this form and verification of residence to: Middletown Parks and Rec Dept
100 Riverview Center #140
Middletown, CT. 06457

DATE PROCESSED _____

STAFF INITIALS _____

PASS GIVEN _____