

APRIL 2026 CLASSES & EVENTS REGISTRATION FORM

Name: _____ Phone: _____
 Address/Town: _____ Email: _____
 Emergency Contact & Phone: _____

	CLASS/TRIP/EVENT	DAY/DATE	FEE
Classes	Strength & Stability	Tuesday	\$20.00
	Movement with Music		\$15.00
	Chair Yoga	Wed.	\$25.00
	Strength & Stability	Thurs.	\$20.00
	Classical Music Club		\$32.00
	Gentle Yoga	Friday	\$15.00
Events	Box & Bop	April 9th	FREE
	Paint Night	April 21st	\$15.00
	Armchair Travel: Australia	April 22nd	\$5.00
	April Showers & Spring Flowers	April 28th	\$15.00
	Open Mic Poetry	April 23rd	FREE
	Sharing		
	Spectating		
Trips	Lunch Bunch: Tullis Taphouse	April 6th	
	Halfinger Farms & Dancing Daffodils	April 13th	
	CT State Police Museum	April 15th	
	Slater Memorial Museum	April 20th	
	Katherine Hepburn Museum	April 24th	\$10.00
	Museum of Natural History	April 27th	
	Magic Wings	April 29th	

Make Checks Payable to Town of Mansfield **Total Due:**

↓ PLEASE REMEMBER TO SIGN THE WAIVER BELOW! ↓

PLEASE NOTE: Payment for each program is due in full for all dates in the month. 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 Senior Center Supervisor and under extraordinary circumstances will any other refunds be given.

PROGRAM/TRIP CANCELLATION POLICY: Due to costs associated with programs and trips, refunds or credits are not always possible for cancellations or lack of attendance. Requests for cancellation should be provided in writing to Senior Center staff for review and consideration.

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 my participation in the above listed recreational activities. I understand that participation in any recreational 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: _____