

TOWN OF WEST RUTLAND RECREATION DEPARTMENT
CAMP SCRAPS – A – LOT REGISTRATION

Name: _____ Entering Grade: _____

Address: _____ Phone # _____

Mother's Name: _____ Phone # _____

Father's Name: _____ Phone # _____

Emergency Name: _____ Phone # _____

Does your child have any allergies? _____ If so, explain _____

Who, other than parents, has permission to pick child up? _____

Any other information that instructor should be aware of: _____

Color Choice for 8X8 Album:

___ pink ___ lavender ___ ruby ___ cobalt blue ___ black

PAYMENT - \$75.00 due at registration

TYPE: Cash (in person only) Check (payable to "Town of West Rutland) Check

Informed consent

I, the undersigned agree and understand that:

1. Participation in this activity can be hazardous and may result in injury, and participation is potentially dangerous to myself and others.
2. I also certify that I am physically capable of participating in this activity.
3. Further, I agree that in consideration for permission to participate in the West Rutland School/Town sponsored programs, I assume all risks of injury incurred or suffered while School/Town premises while participating in programs.
4. **RELEASE:** In consideration of your accepting this application in the West Rutland School/Town Program, I hereby release myself, my heirs, executors, and administrators, Waive and release any and all rights and claims for damages I may have against the School/Town of West Rutland, the West Rutland Recreation/School Department, their Agents, representatives, and assigns for any and all injuries suffered by me in this program.
5. As a matter of caution, the Department strongly recommends that you have accident and health insurance in force when you take part in a Town of West Rutland recreation/school program.
6. I am fully aware and understand that transportation for away games is to be provided by parents.
7. I have read the above informed consent, understand them and agree to abide by them.

Signature of parent/guardian

Month Day Year