

TOWN OF WEST RUTLAND RECREATION DEPARTMENT
REGISTRATION FORM

HOUSEHOLD INFORMATION

Primary Guardian (Please Print)

Last Name _____
 First Name _____
 Street _____
 Town _____
 State _____ Zip _____ Home # _____
 Work # _____ Cell # _____
 Household E-mail _____

Secondary Guardian (Please Print)

Last Name _____
 First Name _____
 Street _____
 Town _____
 State _____ Zip _____ Home # _____
 Work # _____ Cell # _____

Please Print

Emergency Contact _____ Relationship _____
 Emergency Phone # Home _____ Work _____ Cell _____

REGISTRATION INFORMATION (Please Print)

1. Participant's Full Name _____
 Children only: T'shirt size (if applicable) _____ M _____ F _____ Birth Date _____ Age _____ Grade _____

PROGRAM TITLE	BEGINS	Location	FEE

2. Participant's Full Name _____
 Children only: T'shirt size (if applicable) _____ M _____ F _____ Birth Date _____ Age _____ Grade _____

PROGRAM TITLE	BEGINS	Location	FEE

TOTAL

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

SPECIAL CONCERNS: List any special needs or concerns of participant(s): _____

WAIVER: I realize that as with any physical activity there is a possible risk of injury to myself or my child while participating in this activity. I agree to assume the risk of injury which I or my child might suffer while involved in the West Rutland Recreation Department activity and I will not hold the Town of West Rutland or its instructors liable for any injuries which I or my child may suffer while participating in these activities. I consent to the use of my child's photo, video, artwork, etc. to be used by the department for flyers, brochures and other methods of advertising.

Signature _____ Date _____