Town of Stowe Parks & Recreation

Household Registration Form

PO Box 730
Stowe Vermont 05672
253 - 6138 / F 253-3723
recreation@townofstowevermont.org

Primary Guardian Name _____
Date of Birth ___/___/_____ Male ☐ Female ☐
Mailing Address_____
Physical Address_____
Phone (H) _____Phone (W) _____
Cell _____
HOUSEHOLD EMAIL_____
Indicate any allergies, medical, physical limitations:

Secondary Guardian Name _____
Date of Birth ___/___/_____ Male ☐ Female ☐
Mailing Address_____
Physical Address_____
Phone (H) _____Phone (W) _____
Cell _____
SECONDARY EMAIL_____
Indicate any allergies, medical, physical limitations:

FAMILY MEMBER INFORMATION For more than two children, use additional Household Registration Form

1. Name _____Male ☐ Female ☐
Age _____ Date of Birth ___/___/_____ Grade_____
Indicate any allergies, medical, physical limitations or behavioral concerns:

2. Name _____Male ☐ Female ☐
Age _____ Date of Birth ___/___/_____ Grade_____
Indicate any allergies, medical, physical limitations or behavioral concerns:

I give my permission for the following individuals to pick up my child/children – **please print clearly**

First name	Last name	Relationship

I give my child permission to leave on their own:

	Child #1	Child #2
At the end of the program	Y / N	Y / N
At any time	Y / N	Y / N

Notes:

MEMBER QUESTIONS	**Child # 1**	**Child #2**
You have my permission to give my child Tylenol at your discretion.	Y / N	Y / N
I give you my permission to administer first aid to my child.	Y / N	Y / N
My child can swim proficiently in water over their head without a flotation device.	Y / N	Y / N
I would like your staff to help my child apply sunscreen.	Y / N	Y / N

1st Emergency Contact Information: ***If parents are not available***
Name: _____
Relationship:_____Phone:(H)_____
(W)_____Cell:_____

2nd Emergency Contact Information: ***If parents are not available***
Name: _____
Relationship:_____Phone: (H)_____
(W)_____Cell:_____

Waiver Agreement: I am fully aware that there are risks of physical injury in participating in sports and recreational activities and hereby give my consent for the named applicant to participate in the program(s) offered by Stowe Parks and Recreation. I hereby knowingly and fully release and hold harmless the Town of Stowe, its employees, elected officials, any volunteers, instructors or sub-contractors from any and all liability from injury claims, costs, loss of services, damages or loss of personal property in the said programs, activities or events.

I certify that my child/participant is in excellent health and that there are no limitations to his/her participation except as stated in writing above. Furthermore, in the event of an emergency, accident, injury, or illness and if reasonable effort to contact me has failed, I hereby give the designated emergency contact permission to act as my childs(rens) temporary guardian. In the event of an accident, injury, or illness and if reasonable effort to contact me has failed, I hereby give attending physicians or authorized medical personnel consent and permission to provide my child/participant with any necessary medical treatment, including x-rays and medication.

_____ _____
Signature Parent(s)/Guardian if participant is under 18 *Date*

Stowe Parks & Recreation occasionally uses the photographs of participants in its programs and activities in promotional flyers, presentations and related materials. If you do not want your photograph used in such material, please sign below.

I **do not** want my photograph included in any promotional flyers or materials for Stowe Parks & Recreation.

_____ _____
Signature Parent(s)/Guardian if participant is under 18 *Date*