

REGISTRATION FORM

Participant/Applicant _____ Date of Birth _____ Age _____ M F Grade _____

Parent(s) Name(s) _____

Mailing Address: PO Box/Street _____ Town _____ State _____ Zip _____

Residence: Street & Number _____ Town _____ State _____ Zip _____

Home/Cell Phone: _____ Mobile Carrier: _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Phone # _____

List all allergies or physical difficulties that the Staff should be aware of: _____

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 child(s) 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.

Photo Permission: From time to time photographs will be taken to be used in our publications. Do you give the Stowe Parks and Recreation Department permission to use yours and/or your child's photograph? YES NO

Parent or Legal Guardian Signature/Date

Additional Information (required for most children's programs):

What is your child's T-shirt Size: _____ (ys / ym / yl / as / am / al / axl / axxl)

What is your child's swim level? _____ Non-swimmer _____ Beginner _____ Intermediate _____ Advanced

Is your child required to carry an epinephrine pen? YES NO

Are we allowed to administer over-the-counter medications, such as children's Advil or Benadryl, if needed? YES NO

Please provide a list of individuals who are authorized to pick up your child: _____

Please fill in the program(s) the Participant is registering for:		
Program Name	Session Date and/or Time	Fee
PLEASE MAKE CHECKS PAYABLE TO TOWN OF STOWE, AND MAIL TO: Stowe Parks and Recreation Department P.O. Box 730 Stowe, VT 05672		Scholarship Donation (of at least \$1.00)
		TOTAL

