## **2019 REGISTRATION FORM**

One form can be used for all family members that live in the same household.

Participant's Last Name:		First Name:						
Parent's Last Name (if parti			First Na	me:				
Mailing Address:		City/State/Zip:						
E-Mail:			T-S	Shirt Size: YS <sub>(6-8)</sub>	YM <sub>(10-12)</sub>	YL(14-16) AS AM	AL AXL	
Home Phone:		Bus	siness Phone:	iess Phone:		Cell Phone:		
Emergency Contact (other than parent):			Relationship:			Telephone:		
Please list any special needs	s which will	require a	ccommodati	on for participation	on:			
Please list any allergies (foo	d, insect, pla	ant, or me	edications): _					
PARTICIPANT NAME	GENDER	DOB M/D/Y	ENTERING GRADE	REGISTRATION NUMBER	SESSION LETTER	PROGRAM NAME	CLASS FEE	
					Т	Total Amount Due:	\$	
PAYMENT METHOD  [ ] Check (payable to Colches	, ,		[] Cash	[] Cro	edit Card	(Only Visa and Mastercard Acce	pted)	
[ ] Check here if you would li						Exp:		
Registrations can be made as soon Participants may continue to registe full. We do our best to accommod With few exceptions, our parks ar Americans with Disabilities Act. Cial needs are encouraged to partic members are receptive to your nepossible to assist you. If you are it a program, but are not sure about or wish to discuss program detail.	er for programs ate those with a facilities con hildren and ad ipate in our proeds and will conterested in pathe accessibility.	until they a special need apply with the ults with special special orgrams. State to everythinal articipating y of a facili	whereas, ing to or use for the expense not wish sustained Now there in sideration successors.	the undersigned has removed the auspices of the decutive benefit of the to be liable for any difference thereby: refore, in consideration, the undersigned does or administrators, ar	equested the undersigned amages arising of the mutual es hereby for a personal re	ase of services, equipment, or fa olchester, Vermont, and to enga : and Whereas, the Town of C ang from personal injury or pro al promises and other good and themselves, their heirs, execut	age in activities Colchester does operty damage d valuable con- tor, employers,	

Registrations can be made as soon as you receive this brochure. Participants may continue to register for programs until they are full. We do our best to accommodate those with special needs. With few exceptions, our parks and facilities comply with the Americans with Disabilities Act. Children and adults with special needs are encouraged to participate in our programs. Staff members are receptive to your needs and will do everything possible to assist you. If you are interested in participating in a program, but are not sure about the accessibility of a facility or wish to discuss program details, please call the Recreation Department and ask us about specifics. Classes that do not have the minimum number of registrations may be cancelled. Registrants will be notified by mail or phone and will receive a full refund. Refunds will not be given once a class begins, and are available up to 10 business days prior to the start of the program. A \$6.00 administrative fee will be charged when a refund is requested. By participating in the Town of Colchester Recreation programs, participants may be photographed for future publicity or recognition of events. By signing up for the programs you willingly signed a waiver that grants the Colchester Recreation Department permission to use your photograph to promote their programs. Pictures taken in specific programs may be used for up to 10 years. Non residents may register for any program offered, on a space available basis, beginning two

weeks after release of brochure.

A. Assume full responsibility for any personal injury or any damage to his/her personal property which may occur directly or indirectly in the course of participating in rec. activities B. Fully and forever release and discharge the Town of Colchester, its agents, officials, and employees, from any and all claims, demands, damages, rights or action, or causes of action, present or future, whether the same be known, an anticipated or unanticipated, resulting from or arising out of the above described activity. C. Agree that it is the intent of the undersigned that this release and indemnity agreement shall be in full force & effect any time after the execution hereof.

Name of Participant:	
Signature (of parent or guardian under 18):	
Date of Signature:	