

2025 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 participant under 18): _____ First Name: _____ Parent's DOB(required): _____

Mailing Address: _____ City/State/Zip: _____

E-Mail: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Provider (for text updates - optional): _____

Emergency Contact (other than parent): _____ Relationship: _____ Telephone: _____

Please list any special needs which will require accommodation for participation: _____

Please list any allergies (food, insect, plant, or medications): _____

| PARTICIPANT NAME | GENDER | DOB M/D/Y | ENTERING GRADE | PROGRAM NAME | SESSION LETTER (A/B/C) (if applicable) | CLASS FEE |
|--------------------------|--------|--------------|-------------------|--------------|---|--------------|
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| Total Amount Due: | | | | | | \$ |

PAYMENT METHOD (CHECK ONE): 3% Service Fee added to all Credit Card Purchases

Check (payable to Colchester Parks & Recreation) **Cash** **Credit Card** (Visa, Mastercard, AMEX, Discover Accepted)

Credit Card #: _____ Exp: _____ Security Code: _____ Zip of Cardholder: _____

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 **\$25.00 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 on February 7, 2025.

Town of Colchester Release and Indemnity Agreement
 Whereas, the undersigned has requested the use of services, equipment, or facilities belonging to or under the auspices of the Town of Colchester, Vermont, and to engage in activities for the executive benefit of the undersigned: and Whereas, the Town of Colchester does not wish to be liable for any damages arising from personal injury or property damage sustained thereby:
 Now therefore, in consideration of the mutual promises and other good and valuable consideration, the undersigned does hereby for themselves, their heirs, executor, employers, successors or administrators, and personal representatives;
 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: _____