

Brandon Recreation Department

49 Center Street ~ Brandon, Vermont ~ 802-247-0228

Office Hours: 8:30 a.m. to 4:00 p.m.

Website: www.town.brandon.vt.us

PROGRAM REGISTRATION FORM

PLEASE PRINT AND COMPLETE ENTIRE FORM:

Family last name: _____ Parent/Guardian: _____

Mailing Address: _____ Town/City: _____

Home Phone: _____ Day Phone: _____

Emergency Contact: _____ Phone: _____

Allergies or conditions we should know about?: _____

In order for some of our programs to be available at no cost or a reasonably low cost, we rely on the support of volunteers in the community who instruct and assist in the teaching of certain programs. Please indicate if you are able to offer your help in any of the programs (prior experience/knowledge is not required). Program(s): _____

Programs are available on a first-come; first-serve basis. Early sign-up assures placement. You may mail, put form in drop box, or bring in your form to the Brandon Town Offices between 8:30 a.m. - 4:00 p.m. Monday - Friday

PROGRAM NAME	PARTICIPANT NAME	SEX	BIRTH DATE/AGE	GRADE	T-SHIRT SIZE (IF APPLICABLE)	FEE

MAKE CHECKS PAYABLE TO: BRANDON RECREATION DEPARTMENT

RELEASE: I understand that there are risks of physical injury inherent in participating in sports and recreational activities. I hereby release the Town of Brandon, its employees, and agents from any liability or personal injury, or the loss or damage to personal property which I or my child may experience in connection with activities sponsored by Brandon Recreation Department. I hereby consent to any medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. I hereby consent to the use of my or my child's photo or video by the department for flyers or presentation. The department does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program.

****PLEASE LIST ON A SEPARATE SHEET THE NAMES OF THOSE AUTHORIZED TO PICK UP YOUR CHILD. PARENTS NAMES MUST BE INCLUDED. I UNDERSTAND THAT MY CHILD WILL NOT BE RELEASED TO ANY OTHER PERSON NOT ON THE LIST.**

Signature of Parent, Legal Guardian, or Participant if over age 18

Date

Office Use: Amt Rec'd _____ Ck # _____ Date _____