



Vergennes Parks & Recreation

120 Main Street, Vergennes, VT 05491

<http://www.vergennesrec.org/> 877-1011 Recreation@Vergennes.org

Household Information Form

HOUSEHOLD INFORMATION: (Please print all information legibly)

Today's Date _____

Household Last Name: _____

Resident (Vergennes Only): _____ Non-Resident: _____

Household E-Mail Address: (you may have more than one) _____

RESPONSIBLE ADULT:

SECONDARY RESPONSIBLE ADULT:

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone: Home _____

Phone: Home _____

Work _____ Ext _____

Work _____ Ext _____

Cell _____

Cell _____

Gender: _____ Birthdate: _____

Gender: _____ Birthdate: _____

EMERGENCY CONTACT INFORMATION: (someone other than spouse or parents, in case they cannot be reached)

Contact Name _____ Address _____

City _____ State _____ Zip _____ Home Phone _____

Work Phone _____ Ext _____ Cell _____ Relationship _____

FAMILY MEMBER INFORMATION: (Children and/or other people in the Household)

Name _____ Gender _____ Birthdate ___/___/___ Grade _____

Name _____ Gender _____ Birthdate ___/___/___ Grade _____

Name _____ Gender _____ Birthdate ___/___/___ Grade _____

Name _____ Gender _____ Birthdate ___/___/___ Grade _____

Name _____ Gender _____ Birthdate ___/___/___ Grade _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Would you like to subscribe to our Monthly E-Rec. Newsletter? YES NO

E-mail addresses to send it to: _____

Office Use Only: Entered: _____ Coded On-Line: _____ E-mail Sent: _____ Date: _____



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Registration Form

This form is to be used for all registrations

Households: Be sure to first fill out the Household Information on the back of this form, and then fill out this form by listing the programs that you would like to register for and sign the Waiver. Mail both forms in with payment to the Recreation Department.

Household Last Name: _____ Resident (Vergennes Only): _____ Non-Resident: _____

Participant's Registration Information:

Name (First/Last)	DOB	Grade	Program Name	Program. #	Fee

Would you like to contribute to our scholarship fund? \$ _____

TOTAL ENCLOSED \$ _____

WAIVER AGREEMENT

I am fully aware of the risk(s) inherent in the above-named programs and hereby give my consent for myself and/or the name(s) listed above to participate in the programs we have registered for.

I agree to hold harmless the Vergennes Parks & Recreation Dept., the City of Vergennes, its employees, elected officials, and any paid or volunteer staff from any and all liability from any injury, claims, costs, or loss of service which might be incurred by participation in said programs, activities, or events.

I understand that medical insurance coverage is not provided. Permission is hereby granted for the person(s) listed on this form to receive emergency treatment, if needed, and I authorize the attending physician to administer any necessary medical attention. Furthermore, I certify that there are no limitations for the person(s) listed on this form, except as stated.

CONSENT: I hereby consent to and authorize the City of Vergennes the rights to publish, reproduce, and use for advertising purposes, any photograph, video image, audio recording, or any other likeness of myself and/or my family.

I have read this document carefully and sign it voluntarily with full knowledge of its significance.

SIGNATURE: _____ **Date** _____

(Signature of participant is required, unless under 18 then parent or guardian)

<p>Insurance/ Liability: The department does not provide accident or hospitalization insurance for participants of this program. All participants are advised to have adequate personal coverage. Please consider your own health, experience, and tolerance for risk before participating in any programs. If you have any questions about any programs, please call the department.</p> <p>Financial Aid/ Scholarships: The department has limited resources; however, those wishing to participate can apply for aid based on need.</p>
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Office Use Only: Date: _____ Check # _____ Amount Enclosed: _____ Recorded _____
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