

North Hero Parks and Recreation Department

REGISTRATION FORM

Date: _____

REGISTRANT INFORMATION

Last Name: _____ First Name: _____ Age _____

Mailing Address: _____ City/ State/Zip: _____

Phone: _____ Email address: _____

Please list any medical conditions, physical limitations, etc. we should be aware of: _____

(Parent/Guardian Information) Last Name: _____ First Name: _____

EMERGENCY CONTACT INFORMATION:

Medical Considerations: _____

Emergency Contact: _____ Phone: _____

PROGRAM INFORMATION SECTION :

Program: _____ Instructor: _____

Please check Days: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat Time: _____

Program Fee: ___ Resident Rate _____ ___ Non-resident Rate _____

Payment ___ Cash ___ Check

Mail completed form with payment to:
North Hero Parks and Recreation
Town Clerk's Office
P.O. Box 38
North Hero, VT 05474

___ I would like to be notified of future programs sponsored by the North Hero Parks and Recreation

RELEASE OF LIABILITY - *Please Read carefully and sign*

I understand that there are risks of physical injury inherent in participation in sports and recreation activities and I hereby release the Town of North Hero, its employees, agents, and representatives from any liability for personal injuries which I may experience in connection with activities sponsored by the Department of Parks and Recreation. I further release the Town and its agents and representatives from any responsibility for loss or damage to, or theft of, personal property.

Participant or Parent/Guardian Signature

Date