



South Burlington Recreation & Parks

575 Dorset Street, South Burlington, VT 05403
www.sburlrecdept.com 846-4108 recreation@sburl.com

Household Information Form

HOUSEHOLD INFORMATION: (Please print all information legibly)

Today's Date _____

Household Last Name: _____ Resident _____ Non-Resident _____

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

PRIMARY HOUSEHOLD PERSON:

SECONDARY HOUSEHOLD PERSON

Name _____
Address _____
City _____ State _____ Zip _____
Phone: Home _____
Work _____ Ext _____
Cell _____ Provider _____
Gender: _____ Birthdate: _____
Allergies: _____
Medication/Medical Condition: _____
Special Accommodations: _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone: Home _____
Work _____ Ext _____
Cell _____ Provider _____
Gender: _____ Birthdate: _____
Allergies: _____
Medication/Medical Condition: _____
Special Accommodations: _____

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 _____
School _____ Allergies _____
Medication or Medical Conditions _____
Are there any Special Accommodations that need to be made? _____

Name _____ Gender _____ Birthdate _____ Grade _____
School _____ Allergies _____
Medication or Medical Conditions _____
Are there any Special Accommodations that need to be made? _____

Name _____ Gender _____ Birthdate _____ Grade _____
School _____ Allergies _____
Medication or Medical Conditions _____
Are there any Special Accommodations that need to be made? _____

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: _____
- 3. Would you like to receive a text message when a program session is cancelled? YES NO
Cell Phone Number(s) to send to:
1. _____(_____) _____ Provider _____
2. _____(_____) _____ Provider _____

Office Use: Entered: _____ Date: _____



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Mail-In Registration Form

This form is to be used for mail in registrations only, that do not require a Special Reg. Form

New Households: *Be sure to first fill out the Household Information Form, 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 Dept.*

Returning Households: *Fill out the programs you want to register for and sign the Waiver. Mail with payment to the Recreation Department. If you need to update any household information, please call us or use the Household Information Form and mail with this form.*

Household Last Name: _____ Resident _____ Non-Resident _____
Household Email: _____ Home Phone: _____

Participant's Registration Information:

Name (First/Last)	Birth Date	Program Name	Prog. #	Fee

OFFICE USE ONLY:		Date: _____
Amount Paid _____	Payment Type _____	Entered _____

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 South Burlington Recreation & Parks Dept., the City of South Burlington, 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 above.

CONSENT: I hereby consent to and authorize the South Burlington Recreation & Parks Department 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 must sign)