South Burlington Recreation & Parks

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

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 Department.***

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 ____

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)