

BRATTLEBORO RECREATION & PARKS DEPARTMENT ADULT PROGRAM REGISTRATION

PARTICIPANTS ARE REQUIRED TO PAY FOR THE PROGRAM THEY ARE
ATTENDING AT THE TIME OF REGISTRATION.

PROGRAM/SESSION: _____

NAME: _____

PHONE NUMBER DAYTIME: _____ EVENING: _____

STREET ADDRESS: _____

TOWN, STATE, ZIP: _____

EMERGENCY PHONE: _____

E-MAIL ADDRESS: _____
(We will never sell, rent, or otherwise provide your e-mail address to any other party.)

I hereby release the Brattleboro Recreation & Parks Department, together with its operators, agents, employees, consultants, and advisors from any and all claims from injury or damage that may be sustained by me, or my child, from use of the premises or equipment, or from participating in the Brattleboro Recreation and Parks Department activity for which I, or my child, has subscribed.

I represent that the above registered is in good health, and is physically capable of participating in such a program, or activity, and will hold the Brattleboro Recreation & Parks Department harmless in connection with my participation.

SIGNATURE: _____ DATE: _____

PLEASE NOTE:
PARTICIPANTS AGES 17 AND UNDER MUST HAVE A PARENT OR GUARDIAN SIGN ABOVE.

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FOR OFFICE USE ONLY

PROGRAM: _____

AMOUNT PAID: \$ _____

SESSION DATES: _____

SPECIAL INFORMATION OR COMMENTS: _____