

BRATTLEBORO RECREATION & PARKS DEPARTMENT

YOUTH SPORT PROGRAM REGISTRATION

PO Box 513, 207 Main Street, Brattleboro, VT 05302-0513
Phone: 802-254-5808, e-mail: recreation@brattleboro.org, web-site: www.brattleboro.org

PROGRAM NAME & SESSION: _____

Participants Name: _____ Gender: _____

Address: _____ Date of Birth: _____

_____ Grade: _____ Age: _____

Primary Guardians Name: _____ Relation to Participant: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Primary Guardians Emails Address: _____

(We will never sell, rent or otherwise provide your email address to another party.)

Secondary Guardians Name: _____ Relation to Participant: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Secondary Guardians Email Address: _____

(We will never sell, rent or otherwise provide your email address to another party.)

MEDICAL INFORMATION:

Any Allergies: _____ Allergic to any Medications: _____

Does participant have: Asthma: _____ Diabetes: _____ Epilepsy: _____

List of Medications participant takes: _____

Additional Medical Information: _____

Participants Insurance Company: _____ Policy Number: _____

Physicians Name: _____ Physicians Phone Number: _____

****REQUIRED****

Name of Emergency Contact (other than Guardians): _____ Relation: _____

Emergency Contact Phone Number: _____

Tee Shirt Size (When program includes tee shirt with registration fee)

Youth 6-8 _____ 10-12 _____ 14-16 _____ Adult Sm _____ Med _____ Lrg _____ X-Large _____ 2XL: _____

I hereby give my permission for (participants name) _____ to participant in (name of program) _____ . 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, from use of the premises, or equipment, or from participating in the Brattleboro Recreation and Parks Department activities for which I have subscribed. My child and I are aware that participating in (name of program) _____ can be potentially hazardous. I assume all risks associated with this program, including, but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the program. All such risks to my child are known and appreciated by me. 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 and Parks Department harmless in connection with my participation. In the event of an emergency and an emergency person cannot be reached, I authorize the Recreation & Parks Department Staff to provide emergency treatment to any injury or illness my child may experience, if qualified medical personnel considers treatment necessary, and perform the treatment. In addition, I hereby give permission for the participant to be transported to the Brattleboro Memorial Hospital or any near-by medical facility in the case of an emergency if an emergency person cannot be reached, and a reasonable effort has been made to do so, or in a life-threatening situation. I understand this informed consent form and agree to its conditions on behalf of my child.

Guardian Signature: _____ Date: _____

I hereby **DECLINE** the rights to publish, reproduce, my child's/families photo, video images, audio recordings or any likeness of myself and/or my family members by the Brattleboro Recreation and Parks Department. (**SIGN ONLY IF YOU DECLINE**):

Signature: _____ Date: _____



Brattleboro
**Recreation
& Parks**

COVID-19 Liability Release Form

The Novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, international governments and health agencies recommend social distancing, frequent handwashing, and the use of masks. The Brattleboro Recreation and Parks Department has put preventative measures in place to curtail the spread of COVID-19; however, The Brattleboro Recreation and Parks Department cannot guarantee that you or your child(ren) will not become infected. Further, attending camps, programs and activities could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and/or I may be exposed to or infected by COVID-19 by attending _____ and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at _____ may result from the actions, omissions, or negligence of myself and others, including, but not limited to, The Brattleboro Recreation and Parks Department employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at camp ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless The Brattleboro Recreation and Parks Department, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of The Brattleboro Recreation and Parks Department its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any camp program. The Town of Brattleboro Recreation and Parks Department will have disinfecting, good handwashing, and social distancing protocols during camp activities as per the Vermont Health Department and CDC Guidelines. By signing or typing your name on the below line, you agree to the above terms and conditions.

Childs Name: _____

Date: _____

Guardians Signature: _____

YOUR NAME TYPED IN THIS BOX ACTS AS A LEGAL SIGNATURE.