

# SHELBURNE PARKS & RECREATION

# GENERAL PROGRAM REGISTRATION FORM

Return to: Shelburne Parks & Recreation Dept.  
PO Box 88, Shelburne, VT 05482

Please refer to the program guide for program/session information and fill in form completely.

PROGRAM NAME	SESSION DATES / TIMES	FEE (NON-RESIDENTS ADD \$10.00) Make Check Payable to: Shelburne Parks and Recreation
<i>(DOG OBEDIENCE ONLY:)</i> Dog's Name: _____ Breed: _____ Age: _____		

Participant's Name: \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender: M / F Grade \_\_\_\_\_  
Last First

H. Phone \_\_\_\_\_ Address: \_\_\_\_\_ / \_\_\_\_\_  
Street Town, State, Zip Code

Parent/Guardian's Name: \_\_\_\_\_ / \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Last First

Participant / Parent email address: \_\_\_\_\_  Check here if you want to be included on an e-mail list-serve from the Rec. Dept. to receive periodic information about upcoming deadlines, programs, and events. If you do not check it, the email address will only be used if needed to contact you in regards to the current program you are registering for.

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Needs/Medical conditions: \_\_\_\_\_

I understand that injuries are a possibility as a result of this activity. I agree to hold the Town of Shelburne, Shelburne Parks & Recreation Department or anyone associated with this program harmless for any responsibility or liability from any injuries or property damage which may arise from my/my child's participation in this program. I also understand that my own medical and /or disability insurance will be used in the event of an injury or that I will be directly responsible for any medical costs. I am aware that the Parks & Recreation Department may take photographs of participants at programs, activities or special events. I am aware that the pictures may appear in future promotional materials, including brochures.

\_\_\_\_\_  
**Signature of participant or parent/guardian (Required for all programs)**

\_\_\_\_\_  
**Date**

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**For Office Use Only**

**Amount Paid:** \_\_\_\_\_

**Balance Due:** \_\_\_\_\_

**Payment Date:** \_\_\_\_\_

**Check #:** \_\_\_\_\_