Shelburne Parks & Recreation
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 $6.00) Make Check Payable to: Shelburne Parks and Recreation
DOG OBEDIENCE ONLY: Dog's Name:_____ Breed:_____ Age:_____		

Participant's Name:_____/_____ Age_____ D.O.B._____ Gender: M / F Grade_____
Last First

Phone _____ Address:_____/_____
Street Town, State, Zip Code

Parent/Guardian's Name: _____/_____ Phone (Home)_____ (Work) _____
Last First

Participant or Parent email address: _____ 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**

For Office Use Only

Amount Paid:_____ **Balance Due:**_____ **Payment Date:**_____ **Check #:**_____