

# Bristol Parks, Arts & Recreation Department Program Registration Form

**Five Town Resident** \_\_\_\_\_

**Non Resident** \_\_\_\_\_

Residents from outside the five-town area will be charged an additional \$3.00 for children and \$5.00 for adults for the Bristol Recreation Department programs.

**Please Print & Complete Entire Form**      **Has any information changed from when you last registered?**    Yes \_\_\_\_\_    No \_\_\_\_\_

Family Last: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Responsible Adult: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Town of Residence: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

Please indicate any special needs the participant has: \_\_\_\_\_

**Office Use Only**

Ck# \_\_\_\_\_ Amount \_\_\_\_\_ date \_\_\_\_\_

**Participant information**

Last Name	First Name	Date of Birth	Age	Grade <small>If applicable</small>	Gender	Class #	Program Name	Fee

**Total Fees:** \_\_\_\_\_

**Make Checks Payable To: Bristol Recreation Department, P.O. Box 249, Bristol, VT 05443**

**Release:** I understand that there are risks of physical injury inherent in participating in sports and recreational activities. I understand that the Town of Bristol does not carry health or accident insurance for participants of programs, and strongly advises participants to carry adequate coverage for themselves and their family. I am aware of the particular risks involved in the above programs and have considered these risks before registering myself or my child. I hereby release the Town of Bristol, its employees, and agents from any liability or personal injury, or the loss or damage to personal property, which I or my child may experience in connection with activities sponsored by the Parks, Arts, and Recreation Department. I hereby consent to the use of any medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. I hereby consent to the use of my child's photo, video, etc. by the department for flyer, presentations etc.

**Note:** All programs are on a first-come first-serve basis. Space may be limited in some programs.

Signature of participant: \_\_\_\_\_ Date \_\_\_\_\_  
(Parent if under 18)

**Refunds:** Refunds will be granted before the second class meeting upon request. There will be no charge for those who request a refund before this time.

**Insurance/ Liability:** The department does not provide accident or hospitalization insurance for participants of this program. All participants are advised to have adequate personal coverage. Please consider your own health, experience, and tolerance for risk before participating in any programs. If you have any questions about any programs, please call the department.

**Financial Aid/ Scholarships:** The department has limited resources; however those wishing to participate can apply for aid based on need.