

CHILD REGISTRATION FORM
PITTSFORD RECREATION DEPT.



P.O. Box 10, 426 Plains Road, Pittsford, VT 05763
483-6500 ext. 170 www.pittsfordvermont.com, recreation@pittsfordvermont.com

Deadline to register is Monday, September 4th

LATE REGISTRATIONS WILL NOT BE ACCEPTED

Registration Fee: \$45/child

NAME OF PARENT/LEGAL GUARDIAN: _____

ADDRESS: _____ CITY: _____ STATE: _____

HOME PHONE: _____ DAY/WORK: _____ CELL: _____

EMERGENCY CONTACT: _____ PHONE: _____

ALLERGIES OR CONDITIONS _____

EMAIL (*all updated information is through email*): _____

SHIRT SIZE: _____

All programs are available on a first come, first serve basis. Early sign-up assures placement. With the proper fees you may bring your form into the Town Offices Mon-Wed 8 am-4:30 pm, Thurs 8 am-6 pm & Fri 8 am-3 pm. You can also mail it, or drop in the After-Hours Drop Box located near the exit of the Town Offices parking lot.

PROGRAM NAME	CHILD'S NAME	DATE OF BIRTH	GRADE	GENDER	FEE
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

~PLEASE READ CAREFULLY~

Release: I understand there are risks of physical injury in participating in sports and recreational activities. I hereby release the TOWN OF PITTSFORD, its employees, and agents from any liability or personal injury, or loss or damage to personal property which I or my child may experience in connection with activities sponsored by the Pittsford Rec. Dept. I hereby consent to any medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The dept. does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider one's own health, experience, and tolerance for risk before participating in any Recreation program. It is understood that photos may be taken and that they may be used by the Town on various platforms.

X
Signature of parent, Legal Guardian, or Participant if over 18 years old

DATE: _____