

VERNON PARKS AND RECREATION PROGRAM REGISTRATION FORM

Completed forms with full payment included may be mailed or delivered to:

Vernon Parks and Recreation
120 South Street
2nd Floor
Vernon, CT 06066

Register On-line at: www.vernonrec.org

Phone: (860) 870-3520

Family Name: _____

Primary Household Member's Information

NAME:	D.O.B.
ADDRESS:	
TOWN:	
PHONE: (H)	(W)
CELL PHONE:	

Secondary Household Member's Information (include address if different)

NAME:	D.O.B.
ADDRESS:	
TOWN:	
PHONE: (H)	(W)
CELL PHONE:	

E-MAIL ADDRESS: _____

E-MAIL ADDRESS: _____

Emergency Contact (other than parent/guardian, I.e. grandparents, neighbor, etc.)

Name:	Address:	Phone:	Relation to Primary:
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Participant's Name	Male/Female	D.O.B.	Grade	Program Name	Dates	Fee
1)						
2)						
3)						
4)						
5)						
6)						

HOW TO REGISTER

- Fill in the above information, any questions refer to following instructions! Family Name: This is the contact name that your family information and program history will be stored in on our computer system. Primary and Secondary Household Member's Information: The contact individuals for the household and for participants. Emergency Contact: Someone outside of your household that we can contact in the case that we cannot contact the Primary and Secondary Household members. Grade: The Grade your child is currently or just completed during the summer months. Program Name, Number, Section, and Dates: Helps to clarify the exact program that you are enrolling into.
- Payment: Payment is required in full to reserve your spot in a program, payment can be made by check and mailed to the Vernon Parks and Recreation Department office at the top of form or drop off with cash or check to the Parks and Rec. office at Henry Park.

VOLUNTEER COACHES NEEDED

Volunteer coaches are needed for the basketball and soccer programs operated by the Vernon Parks and Recreation. If you are interested in coaching please contact the Recreation Department at 870-3520 so that we can send out information, requirements and an application for coaching with our department. This is a great opportunity for you to give back to the community.

YES, I would like to coach

Donation to Fireworks	
Does the participants above have any special needs or medical concerns that we should be aware of? (Yes or No)	
TOTAL FEE	

The undersigned parent, guardian, or participant does grant permission to the named individual/s to participate in the Vernon Parks and Recreation Department above named program/s. The undersigned does hereby waive, absolve, indemnify, and agree to hold harmless the Town of Vernon Parks and Recreation Department, the Vernon Board of Education, and all other sponsors and supervisors of the above said program/s. As a parent or guardian of the above said participant/s, I realize there are inherent risks involved in physical activity. Pictures taken of my child may be used for publicity by the Vernon Parks and Recreation Department.

Signature of Parent/Guardian or Participant _____

Date _____