

VERNON PARKS AND RECREATION PROGRAM REGISTRATION FORM

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

Vernon Parks and Recreation
Lottie Fisk Building (2nd Floor)
120 South Street
Vernon, CT 06066

www.vernonrec.org

Family Name: _____ Phone: (860) 870-3520 Fax: (860) 870-3525

Primary Household Member's Information

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

NAME:	NAME:	DOB:
ADDRESS:	ADDRESS:	
TOWN:	TOWN:	
PHONE: (Home)	PHONE: (Home)	(Cell)
EMAIL ADDRESS:	EMAIL ADDRESS:	

PEOPLE AUTHORIZED TO PICK UP YOUR CHILD (other than parent/guardian. Ex: grandparents, neighbor, etc.)

1) Name:	Phone:	Relation:
2) Name:	Phone:	Relation:

Participant's Name	M/F	D.O.B.	Grade	Program Name	Sessions	Dates	Fee	Total Fee
1)								
2)								
3)								
4)								
5)								

HOW TO REGISTER

Fill in the above information. Any questions, refer to the 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 case 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, Session, and Dates: Helps to clarify the exact program that you are enrolling into.

Send-A-Kid To Camp Donation \$85.00
Donation to Fireworks
TOTAL FEE

NEWHOCA CAMPERS:

Bus transportation is for Newhoca Campers ONLY. Would you like to use the Community Lot Bus Stop?
YES
NO

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.

Are there any concerns/information the site director needs to be aware of prior to program beginning?

Signature of Parent/Guardian or Participant _____

Date _____