

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
 Phone: (860) 870-3520 Fax: (860) 870-3525
 www.vernonrec.org

Family Name: _____

Primary Household Member's Information

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

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

NAME:	DOB:
ADDRESS:	
TOWN:	
PHONE: (Home)	(Cell)
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	Male/Female	D.O.B.	Grade	Program Name	Sessions	Dates	Fee	Total Fee
1)								
2)								
3)								
4)								
5)								

HOW TO REGISTER

Fill in the above information. 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.

NEWHOCA CAMPERS:

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

ALL REGISTRANTS:

Are there any allergies, medical conditions, special needs, or disabilities that our program coordinator needs to be make aware of prior to the start of the program?

Donations to Send-A-Kid To Camp

Donation to Fireworks

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. I have read and agree to the cancellation and refund policies, which include fees for cancellations.

Signature of Parent/Guardian or Participant _____

Date _____

If yes and you would like to discuss, please email parksandrec@vernon-ct.gov before the start of the program.