

2016 | FALL REGISTRATION FORM

Registration can be mailed with full payment to:
Town of Essex Parks & Recreation Dept., 81 Main Street, Essex Junction, VT 05452-3209

Household Last Name: _____

Parent/Guardian Name (if applicable): _____

Address: _____ Town: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____ CellPhone: _____

Email(s): _____

Essex Town Resident: _____ Essex Village Resident: _____ Non-Resident: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Please list any special needs or allergies the participant(s) has: _____

List Each Participant's Information Per Program **(Please do not use for Bolton Registration)**

LAST, FIRST NAME	M/F	D.O.B.	SCHOOL IN FALL	GRADE IN FALL	SHIRT SIZE	CLASS NAME & NUMBER	SESSION	FEE

TOTAL FEE \$ _____

I have enclosed a self-addressed stamped envelope to receive confirmation of registration and/or a receipt, or we will email you a receipt!

Credit Card payments: can only be taken in-house or online. Please send proper forms of payment if you are mailing this form into our office.

Online registration: you may also register online at: www.essexparksandrec.org using WebTrac.

RELEASE/WAIVER AGREEMENT:

I am fully aware of the risk inherent and hereby give consent for the above named applicant(s) to participate in the program(s) offered by the Town of Essex Parks and Recreation Department, and hereby release the Town of Essex, any of its elected or appointed officials or instructors from any and all liability from injuries, claims, costs, loss of services, expenses and/or damages which may be sustained by me or us or our minor children on account of his or her participation in said program or assorted activities and events. The Town of Essex and its Parks and Recreation Department will provide reasonable accommodations to ensure that all of its programs are accessible to qualified individuals with disabilities who wish to participate. I understand it is my responsibility to notify the Department of any disability that requires such accommodation, and if I do not, that I will hold the Town harmless from injury or damages that may result from my failure to do so.

Refund Policy: Registrants assume the risk of changes in personal affairs or health. Refunds will be approved with notification seven (7) days prior to the start of the program. A \$5.00 administration fee will be deducted from the total refund.

Email: Email addresses are used to provide you with updated information including changes or cancellations for the program you have registered. You may occasionally receive informational emails from our department about upcoming special events or classes. If you do not wish to receive informational emails about upcoming special events or classes, please check this box.

Consent: I hereby consent to and authorize Town of Essex Parks and Recreation Department the rights to publish, reproduce and use for advertising or any other purpose, any photograph, video image, an audio recording or other likeness of myself or my child.

Signature: _____ Date: _____

OFFICE USE ONLY

Visa	Mastercard	Check #	Cash	Deposited Amt.	By	Computer