

GENERAL REGISTRATION FORM / BARRE CITY BUILDING & COMMUNITY SERVICES

6 North Main Street, Suite 2, Barre VT 05641

Phone: (802) 476-0257

Fax: (802) 476-0271

PLEASE PRINT OR TYPE

Participant's Name _____ M _____ F _____

First

Last

Address _____ City _____ Zip _____

_____ Barre City Resident _____ Barre Town Resident _____ Other _____

Age _____ Date of Birth ____/____/____ Name of School _____

Parent/Guardian Name _____ Phone: Home _____ Work or Cell _____

Parent/Guardian Name _____ Phone: Home _____ Work or Cell _____

Email: (please print) _____ Email: _____

(Program information/updates/cancellations, etc. may be sent by email) We need to be sure we can read your email address.

PLEASE INDICATE BELOW THE PROGRAM(S) TO WHICH YOU ARE REGISTERING:

Program Name:

Program Fee

1) _____ \$ _____

RETURN WITH PAYMENT PAYABLE TO: City of Barre

**Barre City Buildings & Community Services
6 North Main Street, Suite 2
Barre, Vermont 05641**

Does the participant have any allergies or take any special medication that we should be aware of?

Yes _____ No _____ **IF Yes, please specify:** _____

**PLEASE NOTE THAT THE RECREATION DEPARTMENT CANNOT ADMINISTER MEDICATION*

Does the participant have any special needs we should be aware of?

WAIVER AGREEMENT: I assume all risks and hazards incidental to such participation, including transportation to and from any activity and I hereby waive, release, absolve, indemnify and agree to hold harmless The City of Barre, Barre City Buildings & Community Services Department, Barre City Schools, their Officers, Agents, Officials, Employees and Volunteers for any claims arising out of an injury to my child or myself. It is advised that participants carry adequate medical insurance.

SIGNATURE OF PARENT/GUARDIAN OR PARTICIPANT (over 18 years of age)

DATE

Permission to be Photographed/Video:

_____ **YES**, I am aware that photographs or video of the program may be taken for future advertising.

How did you learn about this program? _____ Friend/Relative _____ Web Site _____ Newspaper _____ Radio

Other _____