

FAMILY PROGRAM REGISTRATION FORM

OFFICE USE ONLY Paid Entered

Resident: Village of Essex Junction Non-Resident: Essex Town Non-Resident

NAME (PARENT/GUARDIAN) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL _____ HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

Would you like to be added to our e-mail list? Yes No

Please list the phone number and name of a responsible adult if parents are not available.

EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT NUMBER _____

Please list any medical conditions, physical limitations/restrictions for any family member _____

List each participant's information

NAME	M/F	DATE OF BIRTH	GRADE	SCHOOL	PROGRAM CODE & NAME	FEE
TOTAL ENCLOSED						

Please send me confirmation on my classes, via: e-mail mail (please include a self-addressed, stamped envelope for this option).

Form of Payment (make payable to Essex Junction Recreation and Parks or EJRP)

Cash Check _____
CHECK NO.

Credit Card Discover Master card Visa _____
ACCOUNT NO. _____ EXPIRATION DATE _____

Waiver & consent agreement: I am fully aware of the risk inherent and hereby give my consent of the above named applicant to participate in the program(s) offered by Essex Junction Recreation & Parks, and agree to hold harmless the Essex Junction School District, its employees, elected officials, or any volunteers or instructors from any and all liability from any injury, claims, costs or loss of services which might be incurred by participation in said programs, activities, or events. Permission is hereby granted for my child/participant to receive emergency treatment, if needed and I authorize the attending physician to administer any necessary medical attention. Furthermore, I certify that my child/participant is in excellent health and that there are no limitations to his/her participation except as stated in writing above. I hereby consent to and authorize Essex Junction Recreation and Parks the right to publish, reproduce and use for advertising or any other purpose, any photograph, video image, an audio recording or other likeness of my child or family member. I have read this document carefully and sign it voluntarily with full knowledge of its significance.

SIGNATURE (PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18) _____ DATE _____

ADDITIONAL SIGNATURES REQUIRED FOR ALL PARTICIPANTS OVER THE AGE OF 18 _____ DATE _____

ADA Compliance: We are committed to providing individuals with disabilities equal access to our parks, facilities, and programs. We are willing to make reasonable accommodations in our programs in order to include those needing assistance. If you have a disability requiring special accommodations please notify us at least two weeks prior to the event so that we can make the appropriate arrangements.

Return by mail, fax or in person with payment payable to:
 Essex Junction Recreation & Parks, 75 Maple Street, Essex Junction, VT 05452 Tel 878-1375 / Fax 872-3371