

# Program Registration

BURLINGTON PARKS, RECREATION & WATERFRONT

645 PINE STREET, SUITE B

802.864.0123

## HEAD OF HOUSEHOLD INFORMATION

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE: \_\_\_\_\_

## PROGRAM & PARTICIPANT INFORMATION

Participant's Name	Birth Date	Grade	Gender	Program Name	Course #	Program Fee
						\$
						\$
						\$
						\$
Scholarship Donation (Tax Deductible)						\$

PAYMENT OPTIONS:  CHECK  CREDIT CARD

CHECK #: \_\_\_\_\_ CREDIT CARD #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

LIST ANY SPECIAL NEEDS: \_\_\_\_\_

### PHOTOGRAPHY PERMISSION

The City of Burlington Parks, Recreation & Waterfront staff may take photos and videos of participants enrolled in our programs, classes and events. Please be aware that these photos and videos are property of the City of Burlington and may be used in future catalogs, brochures, flyers or other promotional materials without prior consent or expectation of compensation.

Yes  No Parent/Guardian Initials \_\_\_\_\_

### WAIVER FOR PARTICIPATION

In consideration of the Burlington Department of Parks, Recreation & Waterfront's acceptance of me/my child for admission to the above named program(s), I hereby, for myself, my child, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I or my child may have against the City of Burlington and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any City-sponsored activity. I understand that the Department may take pictures or videos of program participants that may appear in future promotional materials.

Signature of Participant (if 18 or older) or Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_