



# CHARLOTTE RECREATION REGISTRATION FORM

PO.BOX 119 • CHARLOTTE • VERMONT • 802.425.6129 • RECREATION@TOWNOFCHARLOTTE.COM

Sport or Program: \_\_\_\_\_ Session/Day: \_\_\_\_\_

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: M/F Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

T-shirt needed? \_\_\_ yes \_\_\_ no T-shirt size: \_\_\_\_\_ (YM-AL)

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Medical conditions/special needs: \_\_\_\_\_

### Parents, please sign up for one VOLUNTEER OPPORTUNITY:

\_\_\_ Coach      \_\_\_ Asst Coach      \_\_\_ Team Helper      \_\_\_ Fund Raising  
\_\_\_ T-shirt Sponsor      \_\_\_ Equipment      \_\_\_ Field Prep      \_\_\_ Tournaments

Registration Fee..... \_\_\_\_\_

Non-Resident's please add \$10 \_\_\_\_\_

Optional Donation to Charlotte Rec Scholarship Fund..... \_\_\_\_\_

**Total** (checks payable to Town of Charlotte)..... \_\_\_\_\_

**RETURN TO: Recreation drop box (town hall) or PO Box 119 Charlotte, VT 05445**

Scholarship Inquiries: contact Nicole Conley at 425-6129 or [recreation@townofcharlotte.com](mailto:recreation@townofcharlotte.com)

**Waiver:** I give permission for my child to participate in the Town Of Charlotte recreation program. Prior to my (child's) participation in the program, I will inform the instructor of any health problems or restrictions that will affect my (child's) participation in the program. I understand that the possibility of injury is inherent in recreational activities. In consideration of your acceptance of my (child's) entry, I hereby, for myself, my child, and our heirs, executors and administrators, waive and release any and all rights, claims and damages we may have against the Town of Charlotte, its representatives and volunteers, successors and assigns, for any and all injuries suffered by either of us at any activity sponsored by this group. In the event of an emergency, I give permission (for the above-mentioned child) to receive medical treatment and to be transported by ambulance if necessary. I have provided the Town of Charlotte with medical information pertinent to my (child's) participation in any recreation program and by this release authorize the dissemination of that information for any medical care and treatment. I am aware that the Town of Charlotte may take photographs of participants at programs, activities and special events. I am aware that the pictures may appear in promotional materials, including brochures. (I hereby certify that I am a person having legal responsibility for the child and that I am duly authorized to execute this release form.)

\_\_\_\_\_  
Participant/Parent or Guardian Signature

\_\_\_\_\_  
Date