

**PITTSFORD RECREATION DEPT
ADULT REGISTRATION FORM**



PO Box 10, 426 Plains Road, Pittsford, VT 05763
483-6500 ext. 17 www.town.pittsford.vt.us

PLEASE PRINT AND COMPLETE ENTIRE FORM

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

HOME PHONE: _____ DAY/WORK: _____

EMERGENCY CONTACT: _____ PHONE: _____

ALLERGIES OR CONDITIONS WE SHOULD KNOW ABOUT?: _____ E-MAIL ADDRESS: _____

All programs are available on a first come, first serve basis. Early sign-up assures placement. With the proper fees you may bring your form into the Town Offices Mon-Wed 8 am-4:30 pm, Thur 8 am-6 pm & Fri 8 am-3 pm. You can also mail it, or drop in the After-Hours Drop Box located near the exit of Town Offices parking lot.

PROGRAM NAME	PARTICIPANT'S NAME	AGE	GENDER	FEE
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

~PLEASE READ CAREFULLY~

Release: I understand there are risks of physical injury in participating in sports and recreational activities. I hereby release the TOWN OF PITTSFORD, its employees, and agents from any liability or personal injury, or loss or damage to personal property which I may experience in connection with activities sponsored by the Pittsford Rec. Dept.

I hereby consent to any medical procedures deemed advisable for myself in the event I sustained an injury. The dept. does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider ones own health, experience, and tolerance for risk before participating in any Recreation program.

X _____ Date: _____
Signature of participant

Office use: Amt Rec'd _____ CK# _____ Date _____ Rec'd by _____