

**PITTSFORD RECREATION DEPT.  
CHILD REGISTRATION FORM**



P.O. Box 10, 426 Plains Road, Pittsford, VT 05763  
483-6500 ext. 17 [www.pittsfordvermont.com](http://www.pittsfordvermont.com)

PLEASE PRINT AND COMPLETE ENTIRE FORM

NAME of PARENT/LEGAL GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DAY/WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

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

ALLERGIES OR CONDITIONS WE SHOULD KNOW ABOUT?: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_  
E-mail: \_\_\_\_\_

*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	CHILD'S NAME	DATE of BIRTH	GRADE	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 or my child may experience in connection with activities sponsored by the Pittsford Rec. Dept. I hereby consent to any medical procedures deemed advisable for my child in the event I cannot be reached and my child has 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. I hereby consent to the use of my child's photo or video by the Department for flyers or presentations.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of parent, Legal Guardian, or Participate if over 18 years old

Office use: Amt Rec'd \_\_\_\_\_ CK# \_\_\_\_\_ Date \_\_\_\_\_ Rec'd by \_\_\_\_\_