

**PITTSFORD RECREATION DEPT.**  
**ADULT REGISTRATION FORM**



PO Box 10, 426 Plains Road, Pittsford, VT 05763  
483-6500 ext. 17 www.pittsfordvermont.com

PLEASE PRINT AND COMPLETE ENTIRE FORM

NAME: \_\_\_\_\_

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

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

CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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

ALLERGIES OR CONDITIONS WE SHOULD KNOW ABOUT?: \_\_\_\_\_

SHIRT SIZE: \_\_\_\_\_

*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.*

<u>PROGRAM NAME</u>	<u>DATE of BIRTH</u>	<u>GENDER</u>	<u>FEE</u>
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 \_\_\_\_\_