

**HINESBURG RECREATION DEPARTMENT
REGISTRATION FORM**

Name: _____ **M/F Grade:** _____ **Activity:** _____ **Fee:** _____

Name: _____ **M/F Grade:** _____ **Activity:** _____ **Fee:** _____

Parent/Guardian Name & Address: _____

Phone: _____ **T-shirt Size:** YM YL AM AL (circle one)

E Mail: _____

Special Needs (if applicable): _____

Emergency Contact & Phone (if different from above): _____

Waiver Agreement: I understand injuries are a possibility as a result of this activity. I agree to hold harmless the Town of Hinesburg, the Recreation Department or any volunteers or instructors from any and all liability from any injury, claims, costs or loss of services which may be incurred by participation in said programs, activities, or events. Permission is hereby granted for my child/participant to receive emergency treatment if needed. I also understand that my own medical and/or disability insurance will be used in the event of injury or that I will be directly responsible for any medical costs incurred.

Signature: _____ **Date:** _____
Parent or Guardian

Please return to: Hinesburg Recreation Department, 10632 VT Route 116, Hinesburg VT 05461