



Bristol Recreation Department

PO Box 249, Bristol, Vermont 05443

Phone: 453-5885 Fax: 453-5188 E-mail: recdirector@bristolvt.org

www.bristolvtrec.com

Household Information Form

Today's Date: _____

Household Last Name: _____ *Resident: _____ Non Resident: _____

* (Bristol, Lincoln, Monkton, Starksboro, New Haven)

Household Primary E-Mail Address: _____

HOUSEHOLD PRIMARY CONTACT INFORMATION:

Name: (First, Last) _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Primary) _____

(Work) _____

E-mail: (If different from above) _____

EMERGENCY CONTACT INFORMATION: *(Someone other than person above, in case they cannot be reached)*

Contact Name: (First, Last) _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Work Phone: _____ Relationship: _____

FAMILY MEMBER INFORMATION: *(Children and/or other people in the Household)*

Name (First, Last): _____ Gender: _____ Date of Birth: _____

School: _____ Grade (Grade entering if after 6/1): _____

Special Accommodations: _____

Name: (First, Last): _____ Gender: _____ Date of Birth: _____

School: _____ Grade (Grade entering if after 6/1): _____

Special Accommodations: _____

Name: (First, Last): _____ Gender: _____ Date of Birth: _____

School: _____ Grade (Grade entering if after 6/1): _____

Special Accommodations: _____

ADDITIONAL INFORMATION:

Would you like to receive periodical updates regarding upcoming events by email? YES NO

OFFICE USE ONLY: Date: _____ Check #: _____ Amount Enclosed: _____ Recorded: _____



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Registration Form

*Be sure to first fill out the Household Information on the back of this form, and then fill out this form by listing the programs that you would like to register for and sign the Waiver.
Mail both forms in with payment to the Recreation Department.*

Household Last Name: _____ *Resident: _____ Non Resident: _____

*(Bristol, Lincoln, Monkton, Starksboro, New Haven)

Participant's Registration Information:

Name (First/Last)	Program Name	Program. #	Fee

TOTAL ENCLOSED:\$ _____

WAIVER AGREEMENT

I am fully aware of the risk(s) inherent in the above-named programs and hereby give my consent for myself and/or the name(s) listed above to participate in the programs we have registered for.

I agree to hold harmless the Bristol Recreation Dept., the Town of Bristol, its employees, elected officials, and any paid or volunteer staff from any and all liability from any injury, claims, costs, or loss of service which might be incurred by participation in said programs, activities, or events.

I understand that medical insurance coverage is not provided. Permission is hereby granted for the person(s) listed on this form to receive emergency treatment, if needed, and I authorize the attending physician to administer any necessary medical attention. Furthermore, I certify that there are no limitations for the person(s) listed on this form, except as stated.

CONSENT: I hereby consent to and authorize the Town of Bristol the rights to publish, reproduce, and use for advertising purposes, any photograph, video image, audio recording, or any other likeness of myself and/or my family.

I have read this document carefully and sign it voluntarily with full knowledge of its significance.

SIGNATURE: _____ **Date** _____

(Signature of participant is required, unless under 18 then parent or guardian)

Refunds: Refunds, minus a \$5.00 administrative charge will be granted for requests made before the second-class meeting.
Insurance/ Liability: The department does not provide accident or hospitalization insurance for participants of this program. All participants are advised to have adequate personal coverage. Please consider your own health, experience, and tolerance for risk before participating in any programs. If you have any questions about any programs, please call the department.
Financial Aid/ Scholarships: The department has limited resources; however, those wishing to participate can apply for aid based on need.

OFFICE USE ONLY: Date: _____ Check #: _____ Amount Enclosed: _____ Recorded: _____