



# TOWN OF STOWE PARKS & RECREATION

## General Activity Registration Form

PO Box 730  
STOWE VERMONT 05672  
253 - 6138 / F 253-3723

Name	Date of Birth	Age	Grade
#1			
#2			
#3			
#4			

How did you hear about our program ?

Flyer or Advertisement

Green Letter

Internet

Word of mouth

Current participant

Other \_\_\_\_\_

**Referred By** \_\_\_\_\_

We appreciate your advanced planning so that we can better accommodate your needs.

Please List the program below that plan to attend.

\*\* must be registered prior to the first day of programming.

### Please register us for:

Program Name	Program Dates	Rate	Person #1	Person #2	Person #3	Person #4	Total
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Sub Total</b>							_____

### How to Pay

**Payment at the time of registration is required.**

For payment plan information, call 253-6138.

**Payment Method**

Cash or check payable to Town of Stowe.  
Credit Card using Official Payments online service.  
Logon to officialpayments.com, select Vermont, select Stowe, select Recreation and follow the instructions.

Print a payment receipt to include with your registration form. A nominal fee will be charged for this service, payable to Official Payments.

**Completed registration forms and payment**

Drop off at the David Gale Recreation Center  
or mail to  
Stowe Parks & Recreation  
PO Box 730  
Stowe, VT 05672

**Refunds**

Requests must be submitted in writing and are subject to a \$10 administrative fee.

### How to Register

**Registration:**

Please sign up a minimum of two weeks in advance.  
Payment is required at the time of registration

**Required Tuition and Mandatory Fees: All Participants.**

Complete the Household Family Registration.  
*Or*  
Update your Household Information.  
&  
Complete an Activity Registration Form.

**Options**

Select all days or individual day programs.

**Registrations accepted on a first come, first served basis**

Space is limited. Register early to avoid the Wait List.

**Cancellations**

Must be made at least two days in advance in order to be eligible for a refund or credit.

**Notes:**

For office use only

Amt. Rec'd \_\_\_\_\_  
Ck# \_\_\_\_\_  
Date: \_\_\_\_\_  
Rec'd by: \_\_\_\_\_  
 Payment Plan



# TOWN OF STOWE PARKS & RECREATION

## Household Registration Form

PO Box 730

STOWE VERMONT 05672

253 - 6138 / F 253-3723

We are an Existing Household on file  Changes are noted below

Primary Guardian Name \_\_\_\_\_  
 Date of Birth \_\_\_/\_\_\_/\_\_\_ Male  Female   
 Mailing Address: \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_  
 Cell \_\_\_\_\_  
**EMAIL ADDRESS** \_\_\_\_\_  
 Indicate any allergies, medical, physical limitations:

Secondary Guardian Name \_\_\_\_\_  
 Date of Birth \_\_\_/\_\_\_/\_\_\_ Male  Female   
 Mailing Address: \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_  
 Cell \_\_\_\_\_  
**EMAIL ADDRESS** \_\_\_\_\_  
 Indicate any allergies, medical, physical limitations:

### FAMILY MEMBER INFORMATION

**1.** Name \_\_\_\_\_ Male  Female   
 Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ School Grade \_\_\_\_\_  
 Indicate any allergies, medical, physical limitations or behavioral concerns:

**2.** Name \_\_\_\_\_ Male  Female   
 Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ School Grade \_\_\_\_\_  
 Indicate any allergies, medical, physical limitations or behavioral concerns:

**3.** Name \_\_\_\_\_ Male  Female   
 Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ School Grade \_\_\_\_\_  
 Indicate any allergies, medical, physical limitations or behavioral concerns:

**4.** Name \_\_\_\_\_ Male  Female   
 Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ School Grade \_\_\_\_\_  
 Indicate any allergies, medical, physical limitations or behavioral concerns:

### MEMBER QUESTIONS

You have my permission to give my child Tylenol at your discretion.

I give you my permission to administer first aid to my child.

My child can swim proficiently in water over their head without a flotation device.

I would like your staff to help my child apply sunscreen.

I give my permission to the Stowe Parks & Recreation Staff, to transport my child to or from an activity/event/field trip in emergencies and special circumstances in a town owned vehicle

Child	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>1st Emergency Contact Information: If parents are not available</b> Name: _____ Relationship: _____ Phone:(H) _____ (W) _____ Cell: _____	<b>2nd Emergency Contact Information: If parents are not available</b> Name: _____ Relationship: _____ Phone (H) _____ (W) _____ Cell: _____
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**Waiver Agreement:** I am fully aware that there are risks of physical injury in participating in sports and recreational activities and hereby give my consent for the named applicant to participate in the program(s) offered by Stowe Parks and Recreation. I hereby knowingly and fully release and hold harmless the Town of Stowe, its employees, elected officials, any volunteers, instructors or sub-contractors from any and all liability from injury claims, costs, loss of services, damages or loss of personal property in the said programs, activities or events.

I certify that my child/participant is in excellent health and that there are no limitations to his/her participation except as stated in writing above. Furthermore, in the event of an emergency, accident, injury, or illness and if reasonable effort to contact me has failed, I hereby give the designated emergency contact permission to act as my child(rens) temporary guardian. In the event of an accident, injury, or illness and if reasonable effort to contact me has failed, I hereby give attending physicians or authorized medical personnel consent and permission to provide my child/participant with any necessary medical treatment, including x-rays and medication.

\_\_\_\_\_  
Signature Parent(s)/Guardian if participant is under 18

\_\_\_\_\_  
Date

Stowe Parks & Recreation occasionally uses the photographs of participants in its programs and activities in promotional flyers presentations and related materials. If you do not want your photograph used in such material, please sign below.

I **do not** want my photograph included in any promotional flyers or materials for Stowe Parks & Recreation.

\_\_\_\_\_  
Signature Parent(s)/Guardian if participant is under 18

\_\_\_\_\_  
Date