



# Sign-Up for:

**the sport/activity/program of:**

\_\_\_\_\_

(Please fill in)

Office Use Only

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

**Please Print clearly**

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work# \_\_\_\_\_  
Cell/Other # \_\_\_\_\_  
Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
DOB \_\_\_/\_\_\_/\_\_\_  
Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Special Needs/Medical Conditions: \_\_\_\_\_

**Waiver Agreement:** I am fully aware that there are risks of physical injury in participating in sports and recreational activities. I expressly understand that I may sustain personal injury while participating in this particular sport/activity and shall be participating at my own risk. 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, present or future, whether the same be known, anticipated or unanticipated, that may arise while I am participating in this particular sport/activity.

**This release shall be effective as of the date it is signed.**

**PRINT NAME**

*Signature*

**DATE**

\_\_\_\_\_

**Mail, call, fax, or email your registration to us!**

ATTN: RECREATION DEPARTMENT

PO Box 730

STOWE VERMONT 05672

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tfaye.recdirector@townofstovermont.org  
bkaplan@townofstovermont.org