

ACTIVITY REGISTRATION



Head of Household Information

Name: _____

Address: _____ Town: _____

Contact Information

Primary Phone: _____ Secondary Phone: _____

***Unless otherwise indicated, we will use the home phone listed here to contact you.**

Email: _____

Emergency Information

Emergency Contact Name: _____ Contact Phone: _____

**If paying by check, please make the check payable to: Town of Burlington
Please complete program registration information on the other side.**

Burlington Parks & Recreation: Consent & Release

I, the undersigned ___ PARENT OR ___ LEGAL GUARDIAN of the above-named participant(s) OR ___ PARTICIPANT do hereby consent to participation in the following athletic and/or recreational program(s) ("Programs") of the Town of Burlington.

In consideration of being permitted to participate in the Programs, on behalf of myself and my agents, heirs, personal and legal representatives, executors, administrators, insurers, attorneys, and assigns, and any person claiming by, under, or through me, I knowingly, unconditionally, and voluntarily agree and covenant to forever RELEASE, acquit, discharge, hold harmless, and agree not to sue the Town of Burlington, its Parks and Recreation Department and any and all past, present, or future Town employees, officers, agents, departments, board members, representatives, volunteers and any and all individuals and organizations assisting or participating in the programs of the Town of Burlington (hereinafter, collectively, the "the Releasees") from any and all claims, demands, debts, suits, actions, rights of action and causes of action, damages, costs, expenses, and fees, injuries, liabilities and obligations (collectively "Claims") both at law and at equity, whether known or unknown, anticipated, unanticipated, directly or indirectly, arising from, in connection with, or related to my participation in the Town of Burlington Programs, including but not limited to property damage, sustained by me or any other person, any alleged act or omission of the Releasees, or any Claims in tort, contract, or otherwise. I hereby forever RELEASE, indemnify, defend and hold harmless the Town of Burlington against any and all Claims of any description, directly or indirectly, arising or resulting from, in connection with, or related to, my participation in the Town of Burlington Program.

I further hereby affirm that I have read this Consent and Release Form ("Form") and that I understand the contents of this Form. I understand that participation in these Programs is voluntary and that the participant is free to choose not to participate in said Programs. By signing this Form, I affirm that I have decided the participant may participate in the Programs with full knowledge that the Releasees will not be liable to anyone for any personal injuries or property damage to myself or any other person, suffered during, as a result of, or in connection with my participation Programs. I understand and accept the risks and hazards resulting from my participation in the athletic and/or recreational programs and I will take all necessary precautions to protect myself from such risks and hazards. **Participants of virtual recreation classes acknowledge they are responsible for ensuring their environment is safe/free from obstructions and that any use of third-party applications (e.g. Zoom, WebEx, Instagram, etc.) is at their own security risk.**

I authorize certified staff to give Basic First Aid/CPR/AED to my child if needed. In the event of an emergency, I hereby authorize my child be transported to the nearest medical facility as deemed appropriate by responding medical personnel and secure necessary medical treatment. In the event that I cannot be reached, I authorize the physician attending to my child to secure and administer treatment as necessary. I understand that the staff will make every effort to notify me and/or my emergency contacts of the emergency immediately. I authorize the staff to contact and to release my child to the emergency contacts that I designate on this form. Minor injuries will be reported to parents at the end of the day; minor illness will be reported to parents at the onset.

Printed Name

Signature

Date

ACTIVITY REGISTRATION

Participant Name: _____

Gender: _____ Date of Birth: _____ Age: _____ Grade: _____

Medical or other information our staff should be aware of: _____

Activity Name:

First Choice Activity #

Fee

Participant Name: _____

Gender: _____ Date of Birth: _____ Age: _____ Grade: _____

Medical or other information our staff should be aware of: _____

Activity Name:

First Choice Activity #

Fee

Participant Name: _____

Gender: _____ Date of Birth: _____ Age: _____ Grade: _____

Medical or other information our staff should be aware of: _____

Activity Name:

First Choice Activity #

Fee
