

FAMILY FORM

39 East Center St.
Rutland, VT 05701

Date

Print Family Last Name(s) here

_____ **CHECK IF NEW ADDRESS**

_____ **CHECK IF NON-RESIDENT**

HOUSEHOLD INFORMATION

Primary Guardian (*Please Print*)

Secondary Guardian (*Please*

Print)

Last Name _____

Last Name _____

First Name _____

First Name _____

Street _____

Street _____

Town _____

Town _____

State ____ Zip ____ Home # _____

State ____ Zip ____ Home # _____

Work # _____ Cell # _____

Work # _____ Cell # _____

Preferred E-mail _____

Please Print

Emergency Contact _____ Relationship _____

Emergency Phone # Home _____ Work _____ Cell _____

Please list family members below:

| CHILD'S NAME | GRADE | BIRTHDATE | Medical information, special needs etc. |
|--------------|-------|-----------|---|
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PAYMENT TYPE: Cash (in person only) Check (payable to "Rutland Recreation Dep't) Check # _____ Check Name _____

Season Pass ____ Half-Season Pass ____ Punch Pass ____

WAIVER: I realize that, as with any physical activity there is a possible risk of injury to myself or my child while participating in this activity. I agree to assume the risk of injury which I or my child might suffer while involved in the Rutland Recreation and Parks Department activity and I will not hold the City of Rutland or its instructors liable for any injuries which I or my child may suffer while participating in these activities. I consent to the use of my child's photo, video, artwork, etc. to be used by the department for flyers, brochures and other methods of advertising.

Signature _____

Date _____