



# Program Registration Form

Bill Moore, Director  
 T: (802) 247-3635 X213 C: (802) 774-8135  
 E: bmoore@townofbrandon.com

Parent or Legal Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town/City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Allergies, conditions or special needs we should know about: \_\_\_\_\_

Program Name or Code	Participant Name	Gender	Date of Birth	Age	Grade	Shirt Size	Fee

**MAKE CHECKS PAYABLE TO: BRANDON RECREATION DEPARTMENT**

**Total Fees Due:** \_\_\_\_\_

**Refund Policy:** Registrants assume the risk of changes in personal affairs or health. Refunds will be approved with notification seven (7) days prior to the start of the program. A \$5.00 administration fee will be deducted from the total refund. There are no refunds for single session programs. Refunds will automatically be issued for programs canceled or altered by the Brandon Recreation Department.

**Email:** Email addresses are used to provide you with updated information including changes or cancellations for the program(s) you have registered. You may occasionally receive informational emails from our department about upcoming special events or classes.

**Financial Aid/ Scholarships:** Those experiencing financial difficulties and wishing to participate can apply for aid that is based on income and need.

**Release:** I understand that there are risks of physical injury inherent in participating in sports and recreational activities. I hereby release the Town of Brandon, its employees, and agents from any liability or personal injury, or the loss or damage to personal property which I or my child may experience in connection with activities sponsored by Brandon Recreation Department. I hereby consent to any medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. I hereby consent to the use of my or my child's photo or video by the department for flyers or presentation. The department does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program.

\_\_\_\_\_  
 Signature of Parent, Legal Guardian, or Participant if over age 18

\_\_\_\_\_  
 Date

**COMPLETED FORMS AND PAYMENT MUST BE RETURNED TO THE BRANDON TOWN OFFICES**

Mailing Address: 49 Center Street, Brandon VT 05733

Website: [townofbrandon.com/departments/recreation-department/](http://townofbrandon.com/departments/recreation-department/)