



Milton Recreation Department PROGRAM REGISTRATION FORM

miltonvt.gov/recreation | 802-893-4922 | recreation@miltonvt.gov

43 Bombardier Road Milton, VT 05468

HEAD OF HOUSEHOLD INFORMATION:

Name: _____ Address: _____

* Town: _____ State: _____ Zip: _____

* Non-Milton Resident: add \$5.00 per program

Cell: _____ Work: _____ Other phone: _____

Email: _____

☐ Check here if you would like to receive the **Milton Recreation e-Newsletter** with upcoming program and event information!

Emergency Contact: _____ Phone: _____

Please describe below any physical conditions, medication, dietary restrictions, allergies or other information which is necessary to be aware of to ensure participants' health and safety. (i.e.: ADHD, bee stings, nut allergy, etc...)

☐ None ☐ _____

♦ How did you hear about the program(s) below? _____

Participant's First Name	Participant's Last Name	Gender	Date of Birth (mm/dd/yy)	Grade	Program Name	Fee

♦ Please consider making a contribution to the Milton Recreation Department Scholarship Fund: \$ _____ ♦

You can assume you are in the class once you submit this registration form and payment. If the class is full, you will be notified and placed on a waiting list. If the class is cancelled or postponed, you will be notified.

RELEASE CONSENT:

I have read and understand the information regarding the program for which I am registered. I have noted any physical or medical conditions I have which may affect my participation and I meet the standard required for participation. I assume the entire risks incidental to the nature of this activity, including risks which are not specifically foreseeable. I will follow the rules and regulations provided by the activity leader. I, the undersigned, hereby release and agree to indemnify and hold harmless the Town of Milton, the Recreation Commission, Contracted Businesses, Staff, Volunteers and all affiliates from all liability resulting from the property damage, personal injury and/or other loss suffered by me/my child while participating in the above program(s). I grant permission to have a physician attend the above named participant, if it is deemed necessary, during participation in Milton Recreation programs. **Photo Release:** I hereby consent to and authorize the Town of Milton Recreation Department the right to publish, reproduce and use for advertising or any other purpose, any photograph, video image, an audio recording or other likeness of my child or family member. I have read this document carefully and sign it voluntarily with full knowledge of its significance.

SIGNATURE: _____ **DATE:** _____

(Participant or Parent/Legal Guardian if Participant is under age 18)

REFUND POLICY: I have read and understand the Refund Policy stated below: _____ (please initial)

Unless otherwise stated, refunds will be available only until one week prior to the first day of a program or activity. A \$10.00 administrative fee will be charged for processing the refund. If a program is cancelled by the Milton Recreation Department, a full refund will be issued and no administrative fee will be charged. Please note that it may take a few weeks for a refund to be processed.

PLEASE complete this form and submit to the Town of Milton Recreation Department with a check made payable to the Town of Milton or cash. Or register and pay for Recreation programs with a credit or debit card using Milton Recreation's online registration at miltonvt.gov/recreation. Registration and payment for all programs is requested one week in advance of program start date.

QUESTIONS? Call the Milton Recreation Office at 802-893-4922, email recreation@miltonvt.gov or visit miltonvt.gov/recreation.