

## P.R.C. Registration Summer 2024 Programs

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Town/State/Zip Code: \_\_\_\_\_

Phone Number (Day): \_\_\_\_\_ (Evening) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Participant	Program	Date/Session	Fee Paid*
<b>Total Due</b>			

\*For families residing outside Poultney there will be an additional charge of \$2.00 per program.  
 S c h o l a r s h i p s   a r e   A v a i l a b l e .   I n q u i r e   a t   t h e   T o w n   O f f i c e .

Checks may be made payable to: **Poultney Recreation Commission**  
 9 Main Street, Suite 1  
 Poultney, VT 05764

**Poultney Recreation Commission**  
**Registration and Release Form for Summer 2024 Programs**

Participant Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/State/Zip Code: \_\_\_\_\_

Phone Number (Day): \_\_\_\_\_ (Evening) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY**

Participant in the named program(s) on the back side of this form, by signing this form, voluntarily waives any claims as a result of participating in this program(s) against the Town of Poultney Recreation Commission or its agents. The undersigned indicates an understanding of the program and the inherent risks involved in participating in the program(s), and waive all claims as a result of such participation.

The undersigned grants permission to allow medical attention to be administered if necessary during the course of participation in the above activity. If any special health conditions exist, please explain,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give permission for photos of my child/children to be utilized for future publicity purposes.

\_\_\_\_ yes    \_\_\_\_ no

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature (parent or guardian if participant is under 18)

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature (parent or guardian if participant is under 18)

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature (parent or guardian if participant is under 18)