



Summer Program

At Otter Valley Union High School

For Students Entering Grades 5th, 6th, 7th, or 8th

For the 2013-2014 School Year

Monday, July 22nd - Thursday, July 25th

From 5:00-7:30p.m.

Work with Otter Valley coaches and players to

Become familiar with the sport & learn basic skills!

TO REGISTER, PLEASE COMPLETE THIS REGISTRATION FORM BY JULY 19TH AND RETURN TO THE PITTSFORD RECREATION DEPARTMENT OR THE BRANDON RECREATION DEPARTMENT!

Brandon Recreation Department

Bill Moore, Recreation Director

49 Center Street, Brandon

802.465.1235

bmoore@sover.net

Pittsford Recreation Department

Randy Adams, Recreation Director

426 Plains Road, Pittsford

802.483.6500 ext. 17

Recreation@pittsfordvermont.com

\$33.00 Registration Fee (includes a camp water bottle)

Make checks payable to:

Pittsford Recreation Department Or Brandon Recreation Department

NAME of PARENT/LEGAL GUARDIAN: _____

ADDRESS: _____ CITY: _____ STATE: _____

HOME PHONE: _____ DAY/WORK PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

ALLERGIES OR CONDITIONS WE SHOULD KNOW ABOUT?: _____

CHILD'S NAME: _____ AGE: _____ GRADE: _____

All programs are available on a first come, first serve basis. Early sign-up assures placement. With the proper fees you may bring your form into the Town Offices Mon-Wed 8 am-4:30 pm, Thur. 8 am-6 pm & Fri 8 am-3 pm. Or you can also mail it.

PLEASE READ CAREFULLY

Release: I understand there are risks of physical injury in participating in sports and recreational activities. I hereby release the TOWN OF PITTSFORD & TOWN OF BRANDON, its employees, and agents from any liability or personal injury, or loss or damage to personal property which I or my child may experience in connection with activities sponsored by the Pittsford Rec. Dept. & Brandon Rec. Dept. 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. The dept. does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider ones own health, experience, and tolerance for risk before participating in any Recreation program.

X _____ Date: _____
Signature of parent or Legal Guardian