

BRANDON RECREATION ZUMBA REGISTRATION FORM

PLEASE PRINT AND COMPLETE ENTIRE FORM

First Name: _____ Last Name: _____

Mailing Address: _____ Town/City: _____

Street Address: _____ Home Phone: _____ Day Phone: _____

E-mail Address: _____ Preferred Method of Contact: (Circle) E-mail Phone Text Facebook Mail

Emergency Contact: _____ Phone: _____

Allergies, conditions or special needs we should know about: _____

Program and/or Session	Participant Name	Gender	Age	Fee
ZUMBA Session____				

MAKE CHECKS PAYABLE TO: BRANDON RECREATION DEPARTMENT

Total Fees: _____

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. If you do not wish to receive informational emails about upcoming special events or classes, please check this box

Release: I understand that there are risks of physical injury inherent in participating in sports and recreational activities. I hereby release Lindsey Hescok, 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 registration form with payment can be mailed to:
Brandon Recreation Department, 49 Center St., Brandon, VT 05733
T: (802) 465-1235 E-mail: bmoore@sover.net