



# Summer Program

At Otter Valley Union High School

For Students Entering Grades 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, or 8<sup>th</sup>

For the 2013-2014 School Year

**Monday, July 21<sup>nd</sup> - Thursday, July 24<sup>th</sup>**

**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 18 <sup>TH</sup>	
<b>Brandon Recreation Department</b> Bill Moore, Recreation Director 49 Center Street, Brandon 802.247.3635 bmoore@townofbrandon.com	<b>Pittsford Recreation Department</b> Randy Adams, Recreation Director 426 Plains Road, Pittsford 802.483.6500 ext. 17 Recreation@pittsfordvermont.com
<b>\$33.00 Registration Fee (includes a camp water bottle)</b> <b>Make Checks Payable to: Brandon Recreation or Pittsford Recreation</b>	

NAME of PARENT/LEGAL GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

CELL/HOME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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

*Otter Community Collaborations*