

BARRE CITY BUILDING & COMMUNITY SERVICES

20 Auditorium Hill Barre VT 05641 Phone: (802) 476-0257

Please Print or Type

DEEP BLUE SEA

Participant's Name _____ M _____ F _____

First Last

Address _____ City _____ Zip _____

_____ Barre City Resident _____ Barre Town Resident _____ Other _____

Age _____ Date of Birth ____/____/____ Name of School _____

Parent/Guardian Name _____ Phone: Home _____ Work or Cell _____

Parent/Guardian Name _____ Phone: Home _____ Work or Cell _____

Email: (please print) _____ Email: _____

(Program information/updates/cancellations, etc. may be sent by email) We need to be sure we can read your email address.

PLEASE INDICATE BELOW THE PROGRAM(S) TO WHICH YOU ARE REGISTERING:

Program Name	Program Date	Program Time	Program Fee
Deep Blue Sea	June 25 – 29	8:30–11:30 a.m.	\$
RETURN WITH PAYMENT PAYABLE TO: <u>City of Barre</u>			Barre City Clerk & Treasurer's Office 6 North Main Street Barre, Vermont 05641

SCHOLARSHIPS ON FIRST COME FIRST SERVED – LIMIT 10

Does the participant have any allergies or take any special medication that we should be aware of?

Yes _____ No _____ **IF Yes, please specify:** _____

**PLEASE NOTE THAT THE RECREATION DEPARTMENT CANNOT ADMINISTER MEDICATION*

Does the participant have any special needs we should be aware of? (i.e., hearing impairment, attention deficit disorder, asthma, etc.) Yes _____ No _____ **IF Yes, please provide us with the information so we may best meet the participants needs.**

WAIVER AGREEMENT: I assume all risks and hazards incidental to such participation, including transportation to and from any activity and I hereby waive, release, absolve, indemnify and agree to hold harmless The City of Barre, Barre City Recreation Department, Barre City Schools, their Officers, Agents, Officials, Employees and Volunteers for any claims arising out of an injury to my child or myself. It is advised that participants carry adequate medical insurance.

SIGNATURE OF PARENT/GUARDIAN OR PARTICIPANT (over 18 years of age) DATE

Permission to be Photographed/Video:

_____ **YES**, I am aware that photographs or video of the program may be taken for future advertising.

How did you learn about this program? _____ Friend/Relative _____ Web Site _____ Newspaper _____ Radio

Other _____