GENERAL REGISTRATION FORM /BARRE CITY BUILDING & COMMUNITY SERVICES

6 North Main Street, Suite 2, Barre VT 05641

PLEASE PRINT

Phone: (802) 476-0257

Participant's Name		M L F L	
First Address	Last City	Zip	
☐ Barre City Resident ☐ Barr	re Town Resident		
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)(Program information/updates	Email:	sure we can read your email address.	
PLEASE INDICATE BELOW	V THE PROGRAM(S) TO WHICE	I YOU ARE REGISTERING:	
Program Name:		Fee:	
RETURN WITH PAYMEN'	T PAYABLE TO: City of Barre	Barre City Buildings & Community Services 6 North Main Street, Suite 2 Barre, Vermont 05641	
*PLEASE NOTE T.	THAT CAMP AND OTHER PERSONNEL CANNOT ADMI	NISTER MEDICATION	
Does the participant have any special needs	s we should be aware of?		
from any activity and I hereby waive, r Buildings & Community Services Dep	release, absolve, indemnify and agree to l	articipation, including transportation to and hold harmless The City of Barre, Barre City, Employees and Volunteers for any claims ry adequate medical insurance.	
SIGNATURE OF PARENT/GUARDIAN OR	PARTICIPANT (over 18 years of age)	DATE	
Permission to be Photographed/Vide	eo:		
YES, I am aware that photograph	as or video of the program may be taken f	For future advertising.	
How did you learn about this program	n? Friend/Relative Web Site	☐ Newspaper ☐ Facebook	
Other			