

**GENERAL REGISTRATION FORM / BARRE CITY BUILDING & COMMUNITY SERVICES**

6 North Main Street, Suite 2, Barre VT 05641

Phone: (802) 476-0257

**PLEASE PRINT**

Participant's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_  
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: \_\_\_\_\_ Fee: \_\_\_\_\_

**RETURN WITH PAYMENT PAYABLE TO: City of Barre**

Barre City Buildings & Community Services  
6 North Main Street, Suite 2  
Barre, Vermont 05641

**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 CAMP AND OTHER PERSONNEL CANNOT ADMINISTER MEDICATION*

Does the participant have any special needs we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

**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 Buildings & Community Services Department, 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 \_\_\_\_\_ FB

Other \_\_\_\_\_