<u>B</u>ARRE CITY BUILDING & COMMUNITY SERVICES 20 Auditorium Hill Barre VT 05641 Phone: (802) 476-0257

Please Print or Type

WICKED COOL SCIENCE

Participant's Name			M	.F	
First Address	First Last ssCity		Zip		
Barre City Resident	_Barre Town Resident	Other			
ge Date of Birth/	_/ Name of School				
arent/Guardian <u>Name</u>	Phone: Hor	meWo	ork or Cell		
arent/Guardian Name	Phone: Ho	meWo	ork or Cell		
Email: (please print)(Program information/updates/cancella	En	mail:e need to be sure we can re	ad vour email address		
PLEASE INDICATE BELO					
Program Name	Program Date	Program Time		gram Fee	
Wicked Cool Scien RETURN WITH PAYMEN		of Barre 20 Aug	a.m. \$	nmunity Services	
SCHOLARSHIPS ON FIF					
Ooes the participant have any allerg	· -				
Yes No IF Yes, please sp	ресну:				
*PLEASE NOTE THAT THE RECRE	ATION DEPARTMENT <u>CANNO</u>	<u>T</u> ADMINISTER MEDI	CATION		
Does the participant have any special nee asthma, etc.) Yes No IF Y_{ϵ}					
WAIVER AGREEMENT: I assume from any activity and I hereby waive, Recreation Department, Barre City So arising out of an injury to my child on	release, absolve, indemnify a chools, their Officers, Agents	and agree to hold harn , Officials, Employees	nless The City of E s and Volunteers for	Barre, Barre Ci or any claims	
SIGNATURE OF PARENT/GUARDIAN O	OR PARTICIPANT (over 18 years o	of age)	DATE		
Permission to be Photographed/Vio	leo:				
YES, I am aware that photogra	aphs or video of the program	may be taken for futur	e advertising.		
How did you learn about this progra	m?Friend/Relative	Web Site	Newspaper	Radio	
Other					