



# South Burlington Recreation & Parks Department

575 Dorset Street, South Burlington, VT 05403  
www.sburlrecept.com 846-4108 recreation@sburl.com

## Household Information/Registration Form

All New Households must fill out this one time form completely, fill out mail-in registration on back and mail with payment to the Recreation Department.  
Returning Households only need to fill out the Mail-In Registration on the back and mail in with payment. Please update any household information.

**HOUSEHOLD INFORMATION:** (Please print all information legibly)

Today's Date \_\_\_\_\_

Household Last Name: \_\_\_\_\_ Resident \_\_\_\_\_ Non-Resident \_\_\_\_\_

Household Email Address: (you may have more than one) \_\_\_\_\_  
\_\_\_\_\_

**PRIMARY HOUSEHOLD PERSON:**

**SECONDARY HOUSEHOLD PERSON**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_

Phone: Home \_\_\_\_\_

Work \_\_\_\_\_ Ext \_\_\_\_\_

Work \_\_\_\_\_ Ext \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Medication: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Special Accommodations: \_\_\_\_\_

Special Accommodations: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** (someone other than spouse or parents, in case they cannot be reached)

Contact Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

**FAMILY MEMBER INFORMATION:** (Children and/or other people in the Household)

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Allergies \_\_\_\_\_

Medication or Medical Conditions \_\_\_\_\_

Are there any Special Accommodations that need to be made? \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Allergies \_\_\_\_\_

Medication or Medical Conditions \_\_\_\_\_

Are there any Special Accommodations that need to be made? \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Allergies \_\_\_\_\_

Medication or Medical Conditions \_\_\_\_\_

Are there any Special Accommodations that need to be made? \_\_\_\_\_

**ADDITIONAL PEOPLE OR CHILDREN IN THE HOUSEHOLD:**

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_ Allergies \_\_\_\_\_  
Medication or Medical Conditions \_\_\_\_\_  
Are there any Special Accommodations that need to be made? \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Would you like an On-Line Registration Account? YES NO

(We will send you two emails from recreation@s Burlington.com with your username and password)

2. Would you like to subscribe to our Monthly E-Rec. Newsletter? YES NO

Email addresses to send it to: \_\_\_\_\_

3. Would you like to receive a text message when a program session is cancelled? YES NO

Cell Phone Number(s) to send to: 1. \_(\_\_\_\_)\_\_\_\_\_ Provider \_\_\_\_\_

2. \_(\_\_\_\_)\_\_\_\_\_ Provider \_\_\_\_\_

**Office Use Only:**

Household Entered: \_\_\_\_\_ Coded On-Line: \_\_\_\_\_ Email Sent: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL-IN REGISTRATION:** (This section is to be used for mail in registrations only, that do not require a Special Reg. Form)

**New Household:** Fill out all information on page 1 and above. Then fill out the programs you want to register for and sign the Waiver. Mail with payment to the Recreation Department.

**Returning Household:** Update any information on page 1, if needed. Fill out the programs you want to register for and sign the Waiver. Mail with payment to the Recreation Department.

**Household Last Name:** \_\_\_\_\_ **Resident** \_\_\_\_\_ **Non-Resident** \_\_\_\_\_

**Participant's Registration Information:**

| Name (First/Last) | Birth Date | Program Name | Prog. # | Fee |
|-------------------|------------|--------------|---------|-----|
|                   |            |              |         |     |
|                   |            |              |         |     |
|                   |            |              |         |     |
|                   |            |              |         |     |

**OFFICE USE ONLY:** Date: \_\_\_\_\_  
Amount Paid \_\_\_\_\_ Payment Type \_\_\_\_\_ Entered \_\_\_\_\_

**TOTAL ENCLOSED \$ \_\_\_\_\_**

**WAIVER AGREEMENT**

I am fully aware of the risk(s) inherent in the above named programs and hereby give my consent for myself and/or the name(s) listed above to participate in the programs we have registered for.

I agree to hold harmless the South Burlington Recreation & Parks Dept., the City of South Burlington, its employees, elected officials, and any paid or volunteer staff from any and all liability from any injury, claims, costs, or loss of service which might be incurred by participation in said programs, activities, or events.

I understand that medical insurance coverage is not provided. Permission is hereby granted for the person(s) listed on this form to receive emergency treatment, if needed, and I authorize the attending physician to administer any necessary medical attention. Furthermore, I certify that there are no limitations for the person(s) listed on this form, except as stated above.

**CONSENT:** I hereby consent to and authorize the South Burlington Recreation & Parks Department the rights to publish, reproduce, and use for advertising purposes, any photograph, video image, audio recording, or any other likeness of myself and/or my family.

**I have read this document carefully and sign it voluntarily with full knowledge of its significance.**

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Signature of participant is required, unless under 18 then parent or guardian must sign)