

**GRAND ISLE RECREATION REGISTRATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Parents / Guardians \_\_\_\_\_ Work Phone \_\_\_\_\_

Program / Camp Requested \_\_\_\_\_

**EMERGENCY INFORMATION**

Emergency Contact 1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Special Needs and Allergies \_\_\_\_\_

\_\_\_\_\_

**WAIVER AND AGREEMENT**

In consideration of Grand Isle Recreation granting permission for my child to participate in the Grand Isle Recreation program, I hereby waive all claims resulting from damage or loss to the person or property of my child which I may have personally or on behalf of my child, and which is caused by an act or failure to act on the part of Grand Isle Recreation, or it's officers, agents and employees. I am fully aware of the risks inherent in my child's participation in Grand Isle Recreation Programs. In addition I authorize Grand Isle Recreation to procure medical care for my child, including transport of my child to a medical facility if parent / guardian cannot be reached.

Parent / Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Mail to Grand Isle Town Office, P.O. Box 49, Grand Isle, VT 05458