

**HEAD OF HOUSEHOLD INFORMATION**

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ M.I. \_\_\_\_\_

STREET & MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**PROGRAM & PARTICIPANT INFORMATION**

Program # \_\_\_\_\_ Program Name \_\_\_\_\_

Participants' Name	Grade	Date of Birth	Fee	Scholarship Needed?

Program # \_\_\_\_\_ Program Name \_\_\_\_\_

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Participants' Name	Grade	Date of Birth	Fee	Scholarship Needed?

I WOULD LIKE TO DONATE TO THE SCHOLARSHIP FUND IN THE AMOUNT OF \$ \_\_\_\_\_

**FORM OF PAYMENT**

**TOTAL AMOUNT DUE \$ \_\_\_\_\_**

\_\_\_\_\_ CASH \_\_\_\_\_ CHECK ENCLOSED CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

**WAIVER FOR PARTICIPATION**

In consideration of the Burlington Department of Parks & Recreation's acceptance of me/my child for admission to the above named program(s), I hereby, for myself, my child, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I or my child may have against the City of Burlington and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any City-sponsored activity. I understand that the Department may take pictures or videos of program participants that may appear in future promotional materials.

\_\_\_\_\_  
Signature of Participant (if 18 or older) or Parent/Guardian

\_\_\_\_\_  
Date