



# REGISTRATION FORM

Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
PO Box/Street Town State Zip

Residence: \_\_\_\_\_  
Street & Number Town State Zip

Parents' Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

List all allergies or physical difficulties that the Staff should be aware of: \_\_\_\_\_

\_\_\_\_\_

**Waiver Agreement:** I am fully aware that there are risks of physical injury in participating in sports and recreational activities and hereby give my consent for the named applicant to participate in the program(s) offered by Cambridge Community Center. I hereby knowingly and fully release and hold harmless the Cambridge Community Center, its employees, any volunteers, instructors or subcontractors from any and all liability from injury claims, costs, loss of services, damages or loss of personal property in the said programs, activities or events. I certify that my child/participant is in excellent health and that there are no limitations to his/her participation except as stated in writing above. Furthermore, in the event of an emergency, accident, injury, or illness and if reasonable effort to contact me has failed, I hereby give the designated emergency contact permission to act as my child(rens) temporary guardian. In the event of an accident, injury, or illness and if reasonable effort to contact me has failed, I hereby give attending physicians or authorized medical personnel consent and permission to provide my child/participant with any necessary medical treatment, including x-rays and medication.

Participant (Parent or Legal Guardian if under 18yrs old) Signature/Date: \_\_\_\_\_

**Photo Permission:**  
From time to time photographs will be taken to be used in our publications. Do you give the Cambridge Community Center permission to use yours and/or your child's photograph? YES NO

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