TOWN OF VERNON RECREATION DEPARTMENT
REGISTRATION FORM

(Please Print)

Participant's Name:_____ **Age** ____ **Sex M F**
(Circle One)

Address:_____
Street **City** **Zip**

School Name_____ **Current School Grade:**_____

Main Phone#:_____ **Secondary Contact#:**_____

Shirt size YS YM YL AS AM AL AXL AXXL (Please Circle One)

E-MAIL:_____ ****(only fill in if you are not on list already)**

WOULD YOU LIKE YOUR E-MAIL ADDRESS ADDED TO OUR MAILING LIST? _____YES _____NO
(We will not sell this list! It is strictly used as a reminder and information on old and new programs)

Parent's/Guardian's Names:_____

IN THE FUTURE, WOULD YOU LIKE A PHONE CALL BEFORE THE DEADLINE OF THE PROGRAM YOU ARE SIGNING UP FOR? _____Yes _____No

Any Special Medical Condition's we should be aware of? _____Yes _____No
If YES, please list here: _____

ACTIVITY SIGNING UP FOR:_____

Volunteers	**Special Request**
☐ **Head Coach/ assistant coach** ☐ **Team phone calls** ☐ **Volunteer Carpooling** ****We are in need of coaches.**	**Friends :**

In making teams, we use grade levels and schools. We try to honor all friend requests, but make no guarantees. We do NOT honor requests for coaches.
Please list multiple friends, so we can find a good match for your child.

REGISTRATION FEE:	$	**FOR OFFICE USE ONLY:**	
NON-RESIDENT FEE:	**$**	**CHECK#**	
UNIFORM FEE:	$	**CASH:**	
LATE FEE:	**$**	**DATE:**	
TOTAL DUE:	**$**	**INITIALS:**	