

Johnson Recreation Registration Form

Ski and Ride

PARENT/GUARDIAN INFORMATION

First Name, Last Name:	How did you hear about our program? Flyer or Advertisement Word of Mouth Current participant Internet FaceBook Front Porch Forum Other _____		
Address:			
Town/City:			
Home Phone: ()	Work Phone: ()	Cell Phone: ()	Text ok <input type="checkbox"/>
E-mail Address:			
Required for communication: <input type="checkbox"/> Please check here if you would like to receive future information by e-mail			

EMERGENCY CONTACT INFORMATION

1st Contact			
Relationship:	Home Phone:	Work Phone:	Cell Phone:
2nd Contact			
Relationship:	Home Phone:	Work Phone:	Cell Phone:

REGISTRATION INFORMATION

Participant Name and Evolution Card Number	Ability, Never, Beginner, Intermediate, Advanced	Ski or snowboard	Date of Birth	Age	Rentals (Yes or No)	Fee

LODGE/SLOPE CHAPERONES AVAILABLE DATES	Non Resident Fee: 5.00	\$
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PAYMENT METHOD:

<input type="checkbox"/> Check #	<input type="checkbox"/> Cash	Received By:
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<p>Check made Payable to: Johnson Recreation Registrations accepted on a first come, first serve basis, space is limited. Cancellations must be made at least three days in advance in order to be eligible for a refund or credit. Refunds must be submitted in writing and are subject to an administrative fee.</p> <p>Please describe below any physical conditions, medication, dietary restrictions, allergies or other information which is necessary to be aware of to ensure participants' health and safety. (ie: ADHD, bee stings, nut allergy, etc...)</p> <p><input type="checkbox"/> None _____</p>	<p>Waiver of Participant by parent or self: I hereby agree to release, discharge and hold harmless the Town of Johnson , and Stowe Mountain Resort , its directors officers, employees, agents, contractors, and/or volunteers from any and all liability or damage that may occur during either my participation or the participation of my minor child in the above listed recreational activities. I understand that participation in any recreational or sport activity involves risk, and I grant permission to the Town of Johnson or Stowe Mountain Resort to utilize any medical emergency services it deems necessary to treat any injuries that I or my minor child may incur. I further understand that the Town does not provide insurance for recreational program participants,</p> <p>_____ Signature Parent(s)/Guardian if participant is under 18 Date: _____</p> <p>Photo Release: I understand that for promotional purposes the Recreation Committee videotapes and or takes photographs or participants enrolled in recreation activities, classes or programs. I hereby release and permit the Recreation Committee to utilize for said promotional purposed any photographs and or videotapes of me or my minor child engaged in the above listed recreational activities .</p> <p>_____ Signature Parent(s)/Guardian if participant is under 18 Date: _____</p>
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