



Winooski Department of Recreation and Community Wellness
32 Malletts Bay Ave · 655-1392 x 21 · nina.ridhibhinyo@gmail.com

PARENT/GUARDIAN INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

EMERGENCY CONTACT (during program operation hours):

Name _____ Relationship _____ Phone _____

PARTICIPANT INFORMATION:

	Name	Birth Date	Grade
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please list any medical conditions, physical limitations or other restrictions of the participant:

WAIVER & RELEASES (please initial each item and sign):

I am fully aware of the risk inherent and hereby give my consent for the name(s) listed above to participate in the program(s) indicated. I agree to hold harmless the City of Winooski and its employees, elected officials or any paid or volunteer staff from any and all liability from any injury, claims, costs, or loss of service which might be incurred by participation in said programs, activities, or events. I understand that medical insurance coverage is not provided. Permission is hereby granted for the participant(s) to receive emergency treatment, if needed, and I authorize the attending physician to administer any necessary medical attention. Furthermore, I certify that there are no limitations for the participant(s) except as stated above. I have read this document carefully and sign it voluntarily with full knowledge of its significance.

Initial here _____

I give my permission to use photos taken of my child for promotional purposes.

Initial here _____

I give my permission to transport my child during program field trips.

Initial here _____

Parent/Guardian Signature _____ Date _____

FEES (use the following sliding scale and financial aid chart to calculate your total cost):

Step 1

<i>Sliding scale</i>	<i>Participant rate</i>	<i># of participants</i>	<i>Subtotal</i>
Non-resident	\$250	x	=
Winooski resident	\$125	x	=
Reduced lunch eligible student	\$75	x	=
Free lunch eligible student	\$50	x	=

Step 2 (one discount per family, select highest that applies)

<i>Financial aid</i>	<i>Discount</i>
Two participants from same family	-\$25
Three participants from same family	-\$50
Other discounts approved by Bob DiMasi (call 655-6426 x 19 to make a request)	Varies

Step 3

$$\begin{array}{r}
 \$ \underline{\hspace{2cm}} \quad - \quad \$ \underline{\hspace{2cm}} \quad = \quad \$ \underline{\hspace{2cm}} \\
 \text{Step 1 Subtotal} \qquad \qquad \qquad \text{Step 2 Discount} \qquad \qquad \qquad \text{Total Due}
 \end{array}$$

PAYMENT OPTIONS (please check one of the following):

- I have enclosed the total amount in cash.
- I have enclosed a check equaling the total amount made out to the "City of Winooski".
- I have enclosed two checks, each equaling half the total amount, one dated May 15 and the other postdated July 15, made out to the "City of Winooski".
- I have spoken to Bob DiMasi (655-6426 x19) about alternative payment options.

This form along with all registration fees are due by May 15, 2009 to the Department of Recreation and Community Wellness offices located in the O'Brien Community Center at 32 Malletts Bay Ave, Winooski, VT 05404.