



Town of Rutland Department of Recreation

PROGRAM REGISTRATION FORM – ADULT PROGRAMS ONLY

PLEASE PRINT CLEARLY

Participant Name: _____ Email: _____

Address: _____

Preferred Phone: _____ Alt. Phone: _____

Emergency Contact: _____ Phone: _____

Please list any medical or other concerns, medications taken, and food allergies:

Class/Instructor	Session Dates	Time	Cost

NO PROGRAM CONFIRMATION WILL BE SENT. Participants should consider their applications accepted and report to class for the first meeting unless otherwise notified.

Inclement weather and other emergency cancellations are announced on the Recreation Department Facebook page: @RutlandRec

CANCELLATION/REFUND POLICY: All cancellations and refund requests must be made in writing or via email to the Recreation Department. There will be no refunds for cancellations by the participant with less than 48 hours notice prior to the start of the session. This does not apply to programs that are canceled due to low enrollment. A program credit may be issued at the discretion of the Recreation Department.

Classes may be cancelled due to low enrollment.

Make checks payable to Rutland Recreation. Mail to Rutland Recreation 250 Main St. Rutland MA 01543 or drop off at the Town Hall. There is a \$25.00 service fee to The Town of Rutland for all returned checks.

Waiver In consideration of this application, I hereby release, discharge and indemnify the Recreation Director, Recreation Committee, Staff, Contractors, and/or Volunteers, the Town of Rutland, and its elected officials of any liability related to the operation of this program. I hereby give my consent for emergency medical care prescribed by a licensed medical professional. I understand that pictures taken during the program may be used for promotional purposes.

Signature _____ Date _____