

Program Registration Information

HOW TO REGISTER: To reserve your place in a program, the registration form and payment must be returned to the Town Clerk's Office. Registration will be on a first-come, first-served basis until a program is filled. Checks should be made out to the *Town of Williston*.

BY MAIL: Williston Recreation
7900 Williston Road
Williston, VT 05495

IN PERSON: Town Clerk's Office, Williston Town Hall
Hours 8:00 a.m.-4:30 p.m., Monday-Friday

Once you have registered for a program, you will only be contacted if there is a program change or a cancellation. Please feel free to contact the Rec. Department at any time to check on the status of the program.

NOTE: ABS = Allen Brook School / WCS = Williston Central

CANCELLATIONS: Programs may be cancelled that do not meet the minimum enrollment. In this case, a full refund will be granted. Once the class has started, no refunds will be issued.

WAITING LISTS: When a program has filled, a waiting list will be established in the event that a space opens.

NON-RESIDENTS: Williston residents will be given first priority for registration. **All non-residents must add \$5.00 to the program fee for each program.**

INABILITY TO PAY: Financial Assistance is available for those unable to pay the established fees. Please contact the Recreation Director for more information. All requests will be confidential and will be handled individually.

WILLISTON RECREATION-PROGRAM REGISTRATION FORM

Please Return to: WILLISTON RECREATION, 7900 Williston Road, Williston, VT 05495

Checks should be made payable to the TOWN OF WILLISTON

Codes can be found in the black boxes in the program description blocks

HEAD OF HOUSEHOLD/GUARDIAN INFORMATION:

Last Name: _____ First Name: _____
 Address: _____
 Home Phone: _____ Work Phone: _____ Email: _____
 Emergency Contact Name: _____ Emergency Phone: _____

REGISTRANT INFORMATION:

Last Name, First Name	Birth date (under 18)	Grade / School (ABS/WCS)	Class Title	Code	FEE

TOTAL: \$

OFFICE USE ONLY: Cash: _____ Check #: _____ Rec'd By: _____ Date: _____

WAIVER AGREEMENT:

In consideration of being permitted to enroll in the Williston Recreation Program, the undersigned hereby releases the Town of Williston, its elected or appointed officials, instructors, agents and/or employees, from all liability to the above-named participant for any and all loss of damage or any claim resulting therefrom on account of injury to the participant while the participant is engaged in the Williston Recreation Program. The participant understands that serious accidents occasionally occur in sports-related activities and that participants occasionally sustain serious injuries as a consequence thereof. Knowing the risks, dangers and unpredictability of such sports-related activities, participant hereby assumes full responsibility for the risk of bodily injury while participating in the Williston Recreation program. The undersigned expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of Vermont and that if any portion hereof is invalid, the balance shall continue in full force and effect. I hereby give permission to have participant transported by ambulance should the situation so require.

NOTICE: THIS IS A LEGALLY-BINDING DOCUMENT. IF YOU DO NOT COMPLETELY UNDERSTAND THE TERMS OF THIS DOCUMENT, SEEK COMPETENT LEGAL ADVICE

Participant's Signature (under 18, must be signed by a parent/guardian)

Date