

## WESTFORD RECREATION DEPARTMENT – REGISTRATION FORM

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ ZIP \_\_\_\_\_

E-Mail Address #1 \_\_\_\_\_

E-Mail Address #2 \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Please list medical conditions, physical limitations, allergies, or restrictions WRD should be aware of:

\_\_\_\_\_

\_\_\_\_\_

	Name	Program	Grade	Fee
1				
2				
3				
4				
5				
6				
7				
Are you interested in donating to the Scholarship Fund? If so, please list amount here:				
<b>Total:</b>				

**Scholarship Fund Available:** If your financial situation is preventing you from signing yourself or your child up for a program, please submit this form and in lieu of a fee, include a brief essay. The Recreation Department Committee will review eligibility for a scholarship.

Are you interested in being a **volunteer**? Coach  Parent Helper  Enthusiastic Fan

**Release/Wavier Agreement:**

I am fully aware of the inherent risk, and give my consent for the above named applicant(s) to participate in the program(s) listed above. I hold harmless the Town of Westford, Westford School, their employees, elected officials, and/or any volunteers or instructors from any and all liability from any injury, claim, costs or loss of services which may be incurred by me, or us, or our minor children on account of participation in said program(s). Permission is hereby granted for me or us, or my child(ren) to receive emergency treatment if needed and I authorize the attending physician to administer any needed medical attention. Furthermore, I certify that I, or we, or my child(ren) are in good health and that there are no limitations to my/our participation except in writing above. I have read this document carefully and sign it voluntarily with full knowledge of its significance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### COVID-19 Agreement:

To ensure the health and safety of all participants, volunteers, and their families, I agree to the following:

A personal health check will be completed within an hour BEFORE participating in any Westford Recreation Department program.

- Have you been in close contact with a person who has COVID-19?
- Has anyone in the household been out of the state of Vermont, to an area NOT in the 'green zone' in the past 14 days?
- Do you feel unwell with any symptoms consistent with COVID-19? For example, have you had a cough, high temperature, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell?
- Take temperatures prior to arrival. Does the temperature exceeds 100.4 F ?

If the answer to any of these questions are Yes, **DO NOT** attend the program.

A parent/guardian will be **required** to sign a document before each program session to confirm they have completed the personal health check.

Maintain social distancing, whenever possible. Face coverings are recommended when this is not possible.

No sharing of personal equipment, water bottles, clothing, etc.

"Arrive. Play. Leave." No gathering at the field or in the parking lot before/after programs.

Shared program equipment will be sanitized between sessions

Players are encouraged to bring hand sanitizer for use during programs and to wash your hands before and after programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit this Registration Form** via email ([recreation@westfordvt.us](mailto:recreation@westfordvt.us)), mail, or leave in the drop box at the Town Office:  
Town of Westford, 1713 VT Rt. 128 Westford VT 05494

**Submit Fee:** [Online](#), via mail, or leave in the drop box at the Town Office.

Make checks payable to: WESTFORD RECREATION DEPARTMENT, note the program in the memo line.

When paying online, write the name of the program in the reference number line.