



VERNON PARKS AND RECREATION ARCTIC SPLASH REGISTRATION FORM



Saturday, December 6th Valley Falls Park

I AM SPLASHING: _____ With a team _____ As an individual

TEAM NAME:

NA

☐

CAPTAIN'S NAME:

NA

☐

Participant's Name:

DOB:

Phone number:

E-mail:

Address:

Apt:

City:

State:

Zip:

Shirt size: Free with minimum \$15 donation. MUST register by November 2nd

Small

Medium

Large

X-Large

XX-Large

Donation:\$

OFFICE USE ONLY

CASH

CREDIT CARD

CHECK

CHECK NUMBER

Don't forget your costumes!

12:30pm check-in opens, 1:00pm we Splash!

The parent, guardian, or participant does grant permission to the registered individual/s to participate in the Vernon Parks and Recreation Department program/s. The parent, guardian, or participant does hereby waive, absolve, indemnify, and agree to hold harmless the Town of Vernon, Parks and Recreation Department, the Vernon Board of Education, and all other sponsors and supervisors of the registered program/s. The Town of Vernon is not responsible for any lost or stolen items.

As a parent, guardian, or participant/s, I realize there are inherent risks involved in physical activity. I acknowledge that I have read and understand the Vernon Parks & Recreation cancellation and refund policies, which include fees for cancellations. Pictures taken of participant/s may be used for publicity by the Town of Vernon.

Participant's Signature:

Date:

Parent's Signature:

Date:



Parent's signature required if participant is under 18 years of age