



Town of Waterbury
 Recreation Department
 28 North Main Street Suite #1
 Waterbury VT 05676
 (802) 244-7174
 www.waterburyvt.com

Red Cross WSI Registration Form

The WSI program is a in pool and on line program with 24 hours of in pool time and 7 hours on line required. Once you have passed the pre-requisite test your program fee is nonrefundable. Any questions please contact Deb Fowler at 244-7174 or recreation@waterburyvt.com. Pool located at First and Fitness 652 Granger Rd, Barre Vt.

DATES:

- Sunday Dec 4 9:00 am – 8:00 pm ~you will be required to do your prerequisite swim at the beginning of this class
- Monday Dec 12 6:00 pm – 8:00 pm
- Monday Jan 9 6:00 pm – 8:00 pm **WATERBURY RESIDENT \$350.00**
- Monday Jan 23 6:00 pm – 8:00 pm
- Monday Jan 30 6:00 pm – 8:00 pm **NON-RESIDENT \$400.00**
- Sunday Feb 19 9:00 am – 5:00 pm

Participant Name: _____

Email: _____ DOB: _____

Emergency Contact: _____ Relationship: _____

Phone Number : _____

Allergies/Special Needs: _____

Waiver Agreement: I am fully aware that there are risks of physical injury in participating in sports and recreational activities and herby give consent for the named applicants to participate in programs offered by the Town of Waterbury. I hereby knowingly and fully hold harmless the Town of Waterbury, its employees, volunteers, instructors, coaches and subcontractors from any and all liability from injury claims and costs, loss of services, damages or loss of personal property for all programs and events. I certify that I or my child/participant is in excellent health and that there are no limitations to my, his or her participation except as stated in writing above. Furthermore, in the event of an emergency, accident, injury or illness, and if reasonable effort to contact me for my child has failed, I hereby give the designated emergency contact permission to act as my child's temporary guardian. In addition, in the event of an emergency, accident, injury or illness, I hereby give attending physicians or authorized medical personnel consent and permission to provide my child with any necessary medical treatment including x-rays, immunizations and medication.

Please note: Waterbury Recreation occasionally uses photos of participants, programs, events and activities in promotional materials. By signing below, you grant permission for photographs to be taken of you/your child during any recreation activities and for the Town of Waterbury to use any photos in advertising and promotional materials without liability.

Signature: _____
 Participant or parent/guardian if under 18

Print: _____

Make Checks Payable to:
Waterbury Recreation
28 North Main St. Suite 1
Waterbury VT 05676

****OFFICE USE ONLY****

DATE RECEIVED: ___/___/___ AMOUNT PAID: \$_____ CASH () CHECK# _____

CASH CODE: POEV