

Rutland Recreation Program Registration

The Recreation information box, with a place for drop-off, is located inside the front door of Town Hall. You may register for programs up until the start date, provided there is space available. Enrollment is on a "first come, first serve" basis. **Order and receipt of registrations will determines program lists. Participants should consider their applications accepted and report to the designated place unless otherwise notified. Confirmations will not be sent.** Please fill out this form and mail (or bring in) with the proper fee to: RUTLAND RECREATION, 250 MAIN ST., RUTLAND, MA, 01543. For any questions, you may contact us at 508-886-0048 or email recreation@townofrutland.org

- A separate check must be made out for each program (not each participant).
- Send check or money order (please do not send cash) made payable to "RUTLAND RECREATION".
- Non-Residents are welcome after resident enrollment. Please add an additional \$3.00 per course.

Important Information: The administration reserves the right to cancel or consolidate programs depending on registration. If a class/program is cancelled, you will be called and your check will be returned. Registration may be limited due to subject matter, space limitation, and leadership ratio. Waiting lists will be established as programs fill up. Late registration will be accepted subject to available space.

Refund Policy: Full refunds are given when: A) a class/program is cancelled due to low enrollment; B) the class/program is already filled. Students or participants withdrawing from a class/program at least 5 full business days before the start of a class will receive a full refund, minus a 10% administrative fee. No other refunds will be granted.

Cancellations: If schools are closed, scheduled recreation programs held in schools are also cancelled.

PLEASE COMPLETE AND RETURN BOTTOM PORTION WITH THE PROPER FEE(S).

NAME: _____ (if child) age _____ grade _____

NAME: _____ (if child) age _____ grade _____

NAME: _____

NAME: _____

Address: _____ Email: _____

Town/State/Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Emergency Contact: _____

Medical Considerations/Allergies: _____

	Program Name	Session	Day/Time	Participant's Name	Fee
1.					
2.					
3.					
4.					

I agree not to hold responsible the Rutland Recreation Commission; the Town of Rutland; the owners of the premises where the program is held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care for my child in the event that a family member cannot be reached. (All participants in any town recreation program must complete this waiver.)

Signature: _____ **Date:** _____

Email: _____

Please initial if pictures taken of you or any listed participant during a recreation program may be displayed _____