

THIS FORM MUST BE COMPLETED & RETURNED TO RECREATION DEPT.

Bus Slip

Students Name: _____ Grade: _____

Phone #: _____ Parent(s) name: _____

Will not ride the bus Will ride the bus* Cost: \$75 for season

*Please make checks payable to Town of Sterling

Emergency Contact: _____ Number: _____

Parent E-Mail: _____

Waiver In consideration of this application, I or my child hereby release, discharge and/or indemnify the Recreation Director, Recreation Committee, Staff, and/or Volunteers, the Town of Sterling and its' elected officials of any liability related to the operation of this program. I hereby give my consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. It is possible that pictures will be taken during classes. I agree that pictures taken during program hours could potentially be used for promotional purpose. I understand that all participants of the Recreation programs will be respectful of anyone employed by or contracted by the Recreation Department when participating in Recreation sponsored programs. I understand that the Recreation Department will not be responsible for any or all personal items brought to any Recreation Dept. sponsored programs. I understand when I or a designated person signs my child out from a Recreation sponsored program, the responsibility of my child and his/her belongings are my sole responsibility

Parent's Signature: _____

Date: _____