

**STERLING RECREATION DEPARTMENT**  
**2025-26 AFTER THE BELL REGISTRATION FORM (Please print clearly)**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Parent email: \_\_\_\_\_

**Emergency contact/Pickup person #1**

**Emergency contact/Pickup person #2**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Relation: \_\_\_\_\_ Relation: \_\_\_\_\_

**Additional Available Pickup Person/People**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Is there any other information that you feel that we will need to know when your child is in our care? YES or NO  
Ex. allergies, medical condition, dietary needs etc. If yes, please explain:

I hereby waive any and all claims against the Town of Sterling, which I may or shall in the future have against the Town of Sterling, its agents or employees, for any property damage or loss, or personal injuries resulting from the recreation programs organized by the Recreation Department, whether or not used by the negligence of the Town of Sterling and /or its agents and employees. Due to the strenuous nature of some of these programs the Town of Sterling strongly recommends that each person consult with their physician as to the extent of their participation. I understand that refunds will only be provided if the Recreation Department cancels the program. I give consent to use names, photographs and /or vides taken of me/my child in future promotional or marketing materials.

I am aware that my child will be taking a school bus to and from field trip destinations.

I am aware that the Sterling Recreation staff do not handle or administer medication.

I am aware that the Sterling Recreation Department uses a 3-strike discipline policy and has the right to dismiss anyone from the program due to medical or behavioral issues that we are not equipped to handle. I understand the above statements and agree to abide by those rules set forth by the Sterling Recreation Dept.

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

\*\*\*\* OFFICE USE ONLY\*\*\*\*\*

Amt. paid \_\_\_\_\_ cash/check Check # \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_