2017

SENECA FALLS RECREATION & PARKS

GENERAL REGISTRATION INFORMATION

PLEASE PRINT!

NAME_____GRADE_____ (AS OF 9/1/17)

ADDRESS_____SEX: MALE_____FEMALE_____

PHONE#_____CURRENT AGE_____DATE OF BIRTH_____/_____/_____

PARENT/GUARDIAN DATA or PARTICIPANT DATA:

NAME_____SPOUSE_____

ADDRESS_____ADDRESS_____

PHONE# (DAY)_____(EVE)_____PHONE#(DAY)_____(EVE)_____

EMPLOYER_____ EMPLOYER_____

EMERGENCY CONTACT NAME_____PHONE_____

FAMILY EMAIL ADDRESS:_____

***PROGRAM REGISTERING FOR: _____

PLEASE LIST ANY ALLERGIES:_____

TEE SIZE: PLEASE CIRCLE (only applies to some programs)

6-8 10-12 14-16 AD SM AD MED AD LG AD XL AD 2X

LIABILITY WAIVER

I, the undersigned, agree to participate or let my child participate in the Seneca Falls Recreation & Parks Commission program indicated above. I understand and agree that the SENECA FALLS RECREATION & PARKS COMMISSION, its DIRECTORS, MANAGERS, COACHES, TOWN of SENECA FALLS OFFICIALS and OTHER ORGANIZERS shall in no way be held liable for any injury received at any meeting of the above named program. I understand that it shall be my responsibility to transport my child or myself to and from this program.

I do, hereby, assume all NORMAL risks and hazards incidental to the conduct of the above named program. I further release, absolve, indemnify and hold blameless the SENECA FALLS RECREATION & PARKS COMMISSION or any of the personnel appointed by that COMMISSION or the TOWN OF SENECA FALLS.

_____ _____

PARENT/GUARDIAN or PARTICPANT SIGNATURE **DATE**

QUESTIONS? CONTACT THE SENECA FALLS REC/PARKS OFFICE AT 568-6933

DELIVER OR MAIL COMPLETED FORM WITH PAYMENT TO:

SENECA FALLS COMMUNITY CENTER, 35 WATER ST., SENECA FALLS, NY 13148

PLEASE PAY BY CHECK OR CASH. MAKE CHECKS PAYABLE TO: SENECA FALLS RECREATION.

CREDIT CARDS NOT ACCEPTED. THANK YOU!