

2017
SENECA FALLS RECREATION & PARKS
FITNESS & ADULT ACTIVITY REGISTRATION

PLEASE PRINT AND FILL OUT ALL INFORMATION INCLUDING EMERGENCY CONTACT AND EMAIL

NAME _____

ADDRESS _____ SEX: MALE ___ FEMALE ___

PHONE# _____ DATE OF BIRTH ___/___/___

EMERGENCY DATA:

EMERGENCY CONTACT NAME _____ **PHONE** _____

PROGRAM REGISTERING FOR: _____

Email: _____

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LIABILITY WAIVER

I, the undersigned, agree to 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 program. FITNESS PROGRAMS require extreme physical conditioning. I understand it is my responsibility, through consultation with our family physician to insure that I AM FIT to participate in 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.

PARTICIPANT 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 (FRONT DESK)

ATTENTION

PLEASE NOTE THAT REGISTRATIONS WILL NOT BE TAKEN OVER THE PHONE OR IN CLASS.
WE WILL ONLY BE TAKING THEM AT THE FRONT DESK AT THE COMMUNITY CENTER
REGISTER EARLY, SPACE IS LIMITED! PAYMENT IS DUE AT TIME OF REGISTRATION. THANKS
FOR YOUR COOPERATION.