

SENECA FALLS RECREATION & PARKS
GENERAL REGISTRATION FORM

RECEIPT# _____
CA/CK _____

PLEASE PRINT!

NAME _____ GRADE _____ (AS OF SEPT. 2021)

ADDRESS _____ SEX: MALE _____ FEMALE _____

CURRENT AGE _____ DATE OF BIRTH ____/____/____

PARENT/GUARDIAN DATA:

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

PHONE# _____ PHONE# _____

EMPLOYER _____ EMPLOYER _____

EMERGENCY CONTACT NAME _____ PHONE _____

FAMILY EMAIL ADDRESS: _____

WE COMMUNICATE THROUGH E-MAIL. PLEASE DO NOT LEAVE BLANK

*****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

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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 SIGNATURE

DATE

QUESTIONS? CONTACT THE SENECA FALLS REC/PARKS OFFICE AT 315-568-6933

**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!**