(PLEASE PRINT) **Recreation Registration Form** (*Fill out form completely including signature*)

PARTICIPANT NAME_____ SEX_____ DOB_____/_____/_____ AGE_____

ADDRESS _____ CITY_____ ZIP_____

HOME PHONE_____ WORK PHONE_____Ext_____ E-MAIL _____

CELL PHONE_____ CARRIER (for texting purposes) _____

If participant under the age of 18, please complete the shaded area below:

Resident of Penfield or Penfield school dist.? _____Yes_____No

PARENT NAME_____ DAY PHONE #_____ RELATIONSHIP (Mom/Dad) _____

2ND PARENT NAME_____ DAY PHONE #_____ RELATIONSHIP _____

SCHOOL THAT CHILD IS ATTENDING_____ GRADE _____

Please list all courses you wish to register for:

Program Name (First Choice)	Course # (including section)	Program Fee	IF COURSE IS FULL, YOUR 2ND CHOICE
1) _____	☐☐☐☐☐☐ - ☐	$_____	☐☐☐☐☐☐ - ☐
2) _____	☐☐☐☐☐☐ - ☐	$_____	☐☐☐☐☐☐ - ☐

TOTAL AMOUNT ENCLOSED $_____

WAIVER FOR PARTICIPATION *- IN CONSIDERATION OF YOUR ACCEPTING MY ENTRY, AND UNDERSTANDING THAT A CERTAIN AMOUNT OF RISK IS INHERENT TO SOME RECREATIONAL PROGRAMS, I HEREBY, FOR MY CHILD, MY HEIRS, EXECUTORS, AND ADMINISTRATORS, WAIVER AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I OR MY CHILD MAY HAVE AGAINST THE TOWN OF PENFIELD AND ITS REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY MYSELF OR MY CHILD AT ANY ACTIVITY SPONSORED BY THESE GROUPS. FURTHERMORE, IN THE EVENT A REFUND IS GRANTED FOR MYSELF OR MY CHILD FOR WHATEVER REASON WITH THE ABOVE STATED ACTIVITY, I DO HEREBY AUTHORIZE THE TOWN OF PENFIELD TO EXECUTE A REFUND VOUCHER ON MY BEHALF AND SUBMIT FOR PAYMENT UNDER THE TERMS AND CONDITIONS SET FORTH IN THE TOWN OF PENFIELD REFUND AND REGISTRATION POLICY. REFUNDS ARE SUBJECT TO A PROCESSING FEE.*

SIGNATURE ✕_____ [PARENT/GUARDIAN/SELF (IF OVER 18)]

PLEASE LIST ANY ADDITIONAL INFORMATION HERE (e.g. Special Needs/Medical Notes/Requests/Other):

Check payable to:
"Penfield Recreation"

VISA / MC / DISC Exp. Date ____/____ Account # _____ **3 Digit Security Code** ____ ____ ____

Cardholder's Name:_____ Authorized Signature _____

(PLEASE PRINT) **Recreation Registration Form** (*Fill out form completely including signature*)

PARTICIPANT NAME_____ SEX_____ DOB_____/_____/_____ AGE_____

ADDRESS _____ CITY_____ ZIP_____

HOME PHONE_____ WORK PHONE_____Ext_____ E-MAIL _____

CELL PHONE_____ CARRIER (for texting purposes) _____

If participant under the age of 18, please complete the shaded area below:

Resident of Penfield or Penfield school dist.? _____Yes_____No

PARENT NAME_____ DAY PHONE #_____ RELATIONSHIP (Mom/Dad) _____

2ND PARENT NAME_____ DAY PHONE #_____ RELATIONSHIP _____

SCHOOL THAT CHILD IS ATTENDING_____ GRADE _____

Please list all courses you wish to register for:

Program Name (First Choice)	Course # (including section)	Program Fee	IF COURSE IS FULL, YOUR 2ND CHOICE
1) _____	☐☐☐☐☐☐ - ☐	$_____	☐☐☐☐☐☐ - ☐
2) _____	☐☐☐☐☐☐ - ☐	$_____	☐☐☐☐☐☐ - ☐

TOTAL AMOUNT ENCLOSED $_____

WAIVER FOR PARTICIPATION *- IN CONSIDERATION OF YOUR ACCEPTING MY ENTRY, AND UNDERSTANDING THAT A CERTAIN AMOUNT OF RISK IS INHERENT TO SOME RECREATIONAL PROGRAMS, I HEREBY, FOR MY CHILD, MY HEIRS, EXECUTORS, AND ADMINISTRATORS, WAIVER AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I OR MY CHILD MAY HAVE AGAINST THE TOWN OF PENFIELD AND ITS REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY MYSELF OR MY CHILD AT ANY ACTIVITY SPONSORED BY THESE GROUPS. FURTHERMORE, IN THE EVENT A REFUND IS GRANTED FOR MYSELF OR MY CHILD FOR WHATEVER REASON WITH THE ABOVE STATED ACTIVITY, I DO HEREBY AUTHORIZE THE TOWN OF PENFIELD TO EXECUTE A REFUND VOUCHER ON MY BEHALF AND SUBMIT FOR PAYMENT UNDER THE TERMS AND CONDITIONS SET FORTH IN THE TOWN OF PENFIELD REFUND AND REGISTRATION POLICY. REFUNDS ARE SUBJECT TO A PROCESSING FEE.*

SIGNATURE ✕_____ [PARENT/GUARDIAN/SELF (IF OVER 18)]

PLEASE LIST ANY ADDITIONAL INFORMATION HERE (e.g. Special Needs/Medical Notes/Requests/Other):

Check payable to:
"Penfield Recreation"

VISA / MC / DISC Exp. Date ____/____ Account # _____ **3 Digit Security Code** ____ ____ ____

Cardholder's Name:_____ Authorized Signature _____