



# Registration Form

Sweden/Clarkson Recreation  
4927 Lake Road  
Brockport, NY 14420  
www.townofsweden.org

<u>Office Use Only</u>		
Keystone: _____	Date: _____	Initials: _____
Amt Pd: _____	ID #: _____	
Financials: _____	Date: _____	Initials: _____

## SECTION I

**Participant Name:** Last \_\_\_\_\_ MI \_\_\_\_ First \_\_\_\_\_

Age: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ Sex: M\_\_ F\_\_

Address: \_\_\_\_\_ Town/Village: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

If applies: Parental Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parental Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Contact** (other than parent); \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Special Needs/Limitations/Medications:** \_\_\_\_\_

**Medical Provider** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### 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 herby, 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 Sweden and its representatives, successors, and assigns and/or Town of Clarkson and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups or at any recreation facility, including the skate park. I also fully realize that I must provide proper medical and hospital coverage. Furthermore, in the event a refund is granted for myself or my child for whatever reason with the activities stated, I do hereby authorize the Town of Sweden to execute a refund voucher on my behalf and submit for payment under the terms and conditions set forth in the Sweden/Clarkson Recreation Department Registration/Refund Policy. Refunds are subject to a processing fee.

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

(If under 18, parent or guardian signature required)

### PHOTO RELEASE

I \_\_\_\_\_, hereby give the Sweden/Clarkson Recreation Center permission to use my son/daughters name and photo in the local news papers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SECTION II

Please list program name, number, and fee for each program you are registering for (Add \$5.00 per program for non-residents).

<u>Program Name</u>	<u>Program #</u>	<u>Program Fee</u>
_____	_____ - _____	\$ _____
_____	_____ - _____	\$ _____
_____	_____ - _____	\$ _____
		<b><u>Total</u></b>
		\$ _____

**Form of payment:** Cash \_\_\_\_ Check \_\_\_\_ Credit \_\_\_\_ Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

**T-Shirt Size:** YOUTH \_\_\_\_ ADULT \_\_\_\_ SMALL \_\_\_\_ MEDIUM \_\_\_\_ LARGE \_\_\_\_ X-LARGE \_\_\_\_ XX-LARGE \_\_\_\_

**Shorts/Pants Size:** YOUTH \_\_\_\_ ADULT \_\_\_\_ SMALL \_\_\_\_ MEDIUM \_\_\_\_ LARGE \_\_\_\_ X-LARGE \_\_\_\_

## **\*Head Up the Hill and Discover Recreation\***

Register On-Line At: <http://eteamz.active.com/SCRecreation>