

PENFIELD RECREATION PROGRAM REGISTRATION FORM

(*Fill out form completely including signature; please print*)

NAME (Primary Adult) _____	NAME (Secondary Adult, optional) _____
ADDRESS _____	ADDRESS _____
CITY _____ ZIP _____	CITY _____ ZIP _____
HOME # _____ WORK # _____	HOME # _____ WORK # _____
EMERGENCY # _____ CELL # _____	EMERGENCY # _____ CELL # _____
EMAIL _____	EMAIL _____

Resident of Penfield or Penfield School District? Yes No

Are you interested in receiving a weekly newsletter via email? Yes No Already do!

Participant Name	Grade	Birth Date	Gender	Activity #	Program Name	Fee

PLEASE MAIL OR DROP OFF AT PENFIELD RECREATION,
1985 BAIRD ROAD, PENFIELD NY 14526

Total 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 **X** _____ {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 _____	

Penfield Recreation - Be Active + Be Well!