

# REGISTRATION FORM

585-964-7222

Please use one form per person. Form may be photo copied  
Please print – fill out form completely including signature

Participant's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Is this address or phone # new? \_\_\_\_\_

If Minor: Mother's Name: \_\_\_\_\_ Father's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M / F (circle one)

School District: \_\_\_\_\_ Resident of: Clarkson, Hamlin, Hilton, Kendall, Parma, Brockport, Other

Please add your e-mail address to get updated information on programs \_\_\_\_\_

Emergency contact other than parent: \_\_\_\_\_ Phone # \_\_\_\_\_

Special needs/Limitations: \_\_\_\_\_

Comments: \_\_\_\_\_

I am willing to volunteer: \_\_\_\_\_ Phone # \_\_\_\_\_

## Please read the following statement:

I assume all risk and hazards incidental to the conduct of the activities listed below, and do hereby further release and hold harmless the Town of Hamlin & the Town of Hamlin Recreation and Parks Department staff and volunteers. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary for myself/child when normal permission is unavailable. I certify that I/my child are in good physical health and have no limitations other than those listed above which may predispose me/my child to risk during the listed programs. I also fully realize that I must provide proper medical and hospital coverage. The Town of Hamlin does not provide accident insurance coverage. I understand that I must come into the program location to drop off and pick up my child.

Refunds will be given to anyone canceling from an activity at least one week (5 working days) prior to the start of the program. There is no refund for any program once it has begun unless it is cancelled by the Recreation Department or in the event of illness or injury and a doctor's note is provided. Refunds may be pro-rated minus the cost of uniforms and supplies.

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

(if under 18, parent or guardian signature required)

Make check payable to: Hamlin Recreation Mail to: Hamlin Recreation, 1658 Lake Rd., Hamlin, NY 14464; Fax 964-9124 or register on line at www.hamlinny.org.

Please list all programs you wish to register for:

Program Name \_\_\_\_\_ Time \_\_\_\_\_ Age Group \_\_\_\_\_ Fee \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sub Total: \_\_\_\_\_

\_\_\_\_\_

Non-residents add 10% \_\_\_\_\_

Total: \_\_\_\_\_

## **VISA AND MASTERCARD NOW ACCEPTED!**

The Hamlin Recreation Department is now accepting both VISA and MasterCard for payment. Please fill out the information below and include this form with your registration form.

Name on card: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Account# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ (please check)

Total amount: \_\_\_\_\_ Authorized signature: \_\_\_\_\_

(for internal use only)

Authorization#: \_\_\_\_\_ Programs: \_\_\_\_\_