

# Winter '11 - '12 Registration

PARTICIPANT NAME	GRADE	BIRTH DATE	SEX	PROGRAM #	PROGRAM NAME	AMOUNT	2ND CHOICE PROGRAM #/NAME
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## PARENT/HOUSEHOLD INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ WorkPhone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Special Medical needs?  Yes  No

If yes please describe: \_\_\_\_\_

Additional Program Information: \_\_\_\_\_

The Town of Victor Parks & Recreation takes pictures in classes for use in future publications. Please contact us, if you do not wish to have your child's photo included in these materials.

## WAIVER FOR PARTICIPATION

I HEREBY UNCONDITIONALLY RELEASE THE Town of Victor Parks & Recreation Department from any and all responsibility or liability for any injuries which may be sustained by me or my minor child(ren) in relation to participation in any of the Victor Parks & Recreation programs or activities with the Parks and Recreation Department. I acknowledge that neither myself or my child(ren) suffer from any physical impairments and have no limitations upon engaging in activities with the Parks and Recreation Department. I unconditionally release the Town of Victor and its agents or employees from any and all liability for injuries and understand and acknowledge that the Town of Victor Parks & Recreation Department carries no liability or accident insurance. In the event that my child(ren) is injured, I authorize the party or person in charge of my child(ren)'s activities to seek medical care. I acknowledge and understand that I will be solely responsible to pay the cost of such care. And I further release and hold harmless the Town of Victor and its Parks and Recreation Department for any medical arrangements or care provided myself or my minor child(ren).

SIGNATURE REQUIRED: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN

## PROGRAM FEES: payable to "Town of Victor" - Please note additional fee for credit card use below.

Method of Payment: Cash \_\_\_\_\_ Check# \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ Total Amount \_\_\_\_\_

Credit Card# \_\_\_\_\_ Expiration Date \_\_\_\_\_ Amount: \_\_\_\_\_

Card Holder Name \_\_\_\_\_ Signature \_\_\_\_\_

By signing above I agree to pay the Town of Victor for the amount above and understand that a Third Party convenience fee will apply to my transaction in order for the Town to accept payment via credit card. I agree that such convenience fee shall be billed to my credit card by Nationwide Payment Solutions (NPS) as a separate transaction and equal to 2.45% (\$1.50 minimum) of the total amount being paid. Visa Debit Card fee is a flat fee of \$3.95.

**Registration forms can be dropped off** to the Victor Parks & Recreation Office located at 1290 Blossom Drive in Victor, **faxed** to (585) 742-0142 or **mailed** to the Town of Victor Department of Parks and Recreation, 85 East Main Street, Victor, NY 14564 or you can register on-line at [www.victorny.org](http://www.victorny.org).  
**Please call 742-0140 for more information or visit us at [www.victorny.org](http://www.victorny.org)**

## How did you hear about this Victor Parks & Recreation program?

- Word of mouth
- Brochure mailed to me
- Print media (newspaper, etc.)
- Social media (Facebook, Twitter)
- Town website
- Flyer posted at: \_\_\_\_\_