

# How To Register

## Resident Registration Begins Now. Nonresident Registration Begins: September 7, 2010

**REGISTER EARLY!** If a class does not meet its minimum requirement 1 week prior to the start of class, we will cancel the class.

Please mail completed registration form to:  
Victor Parks & Recreation  
1290 Blossom Drive  
Victor NY 14564

Bring completed forms in person with cash, check, Mastercard or Discover Card during regular business hours.  
Monday thru Thursday 8:30am – 7:00pm & Friday till 4:30pm.

### IMPORTANT REGISTRATION TIPS:

- Registrations forms may be photocopied.
- Be sure to fill our all information on your form.
- Assume you are enrolled unless you are notified by phone.
- Please sign the waiver on registration form
- We recommend consulting with your physician

### PARTICIPANT CODE OF CONDUCT:

- We will always strive to provide a place where fun things happen. Should our friends not be able to have fun with others, we will discuss other leisure opportunities.

### RETURN POLICY:

- There will be a \$15 fee for any returned check. -

### CANCELLATIONS AND REFUND POLICY:

- If a class is cancelled by our department a TOTAL refund will be provided.
- You need to withdraw from a program at least **5 business** days prior to the start of the program, a refund will be issued for the amount minus a \$5 processing fee.
- **No** refunds will be issued once a program has started.

### TRANSFER POLICY

- Requests to transfer from one program to another must be made prior to class start date. A \$5 fee will be charged and **MUST** be paid before request is processed.

### PROGRAM FEES:

- Cash, Checks, Money Orders, MasterCard and Discover are accepted. There is a 2.45% fee or \$1.50 minimum charge for credit cards.

**REGISTER EARLY!** If a class does not meet its minimum requirement 1 week prior to the start of class, we will cancel the class.

# Fall 2010 Registration Form

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

## PARENT/HOUSEHOLD INFORMATION

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Special Medical needs?  Yes  No

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

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

The Town of Victor Parks and 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 and 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 and 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 and 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" There is a fee for using credit cards, See below

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

Credit Card No. \_\_\_\_\_ 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.

## FOR BASKETBALL

BASKETBALL: Volunteer Information:  Coach  Phone Tree  Score Keeper

Player Information: Height: \_\_\_\_\_ Years Experience: \_\_\_\_\_

Circle Skill Level: 1 – Beginner 2 – Average 3 – Above Average

T – Shirt Size: Adult \_\_\_\_\_ S M L XL Youth \_\_\_\_\_ S M L XL

Registration forms can be dropped off at or mailed to the Victor Parks and Recreation

Office, 1290 Blossom Drive, Victor, NY 14564 or Faxed to 742 – 0142. Please call 742-0140 for more information or visit us at [www.victoryny.org](http://www.victoryny.org)

You can now

**REGISTER ON-LINE at [www.victoryny.org](http://www.victoryny.org)**

We are just a Point and Click away from Connecting YOU with Your Next Activity or Adventure!