

SPRING/SUMMER 2019 REGISTRATION FORM

4 EASY WAYS TO REGISTER



ONLINE
www.victorny.org



7891 Lehigh Crossing | Victor, NY 14564
Dropbox located in the parking lot as well



FAX
(585) 742-0142



EMAIL
parksandrec@town-victor-ny.us

HOUSEHOLD INFORMATION

Last Name: _____ First Name: _____

Address: _____ City/Town: _____ Zip: _____

Primary Phone (Name): _____ Alternative Phone (Name): _____

E-Mail(s): _____

Emergency Contact (relationship): _____ Emergency #: _____

Special Medical Needs? Yes No If yes, please describe: _____

Additional Program Information: _____

PLEASE PRINT CLEARLY

Participant Name	Grade 2018-19	Birth Date	Sex	Program #	Program Name	Program Dates/Times	Amount

If registering for Summer Day Camp (held at the VCS campus), please also fill out the Medical Information & Release Form on Page 42 Summer Day Camp Registration will not be finalized without it.

The Town of Victor Parks & Recreation takes pictures in classes for use in future publications and on the internet. 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 I nor 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 me or my minor child(ren).

SIGNATURE REQUIRED: _____ **DATE:** _____

SIGNATURE OF PARTICIPANT, 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: MC: DISC: AMEX: 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 debit/credit card. I agree that such convenience fee shall be billed to my debit/credit card by Nationwide Payment Solutions (NPS) as a separate transaction and equal to 2.65% (\$3.00 minimum) of the total amount being paid. This fee is NON-REFUNDABLE. Please call (585) 742-0140 for more information.