

Registration Form

-FULL SHEET. DO NOT CUT THIS FORM.

Family Last Name _____ Family First Name _____

Address _____ City/Town _____ Zip _____

Family e-mail Address _____ Home Phone _____ Work Phone # _____

Emergency Phone# _____ (For emergency purposes and must be different from home & work#.)

Webster Resident: Yes or No (Circle one and include \$5 per participant per program for out-of-town residents)

Webster Central School District Resident: Yes or No (circle one)

WAIVER FOR PARTICIPATION:

If an injury occurs, I authorize the person in charge to seek medical care. I will pay the cost of such care. I also release the Parks and Recreation Department from any liability arising out of participation in said program. I further understand that participation is at my own risk and I assume the risk of injury.

SIGNATURE REQUIRED _____ **DATE** _____

(Participant signature *REQUIRED* – if you are under 18 parent/guardian signature *REQUIRED*)

Photographs may be taken of recreation programs and used in our program guide and on our website. Initial here if you **DO NOT** want photos of those listed on this form used in this manner. _____

VISA/MC	Account # _____ / _____ / _____ / _____	Exp. Date ____/____
Cardholder's Name _____	Authorized Signature _____	

PARTICIPANT #1

Participant's Full Name _____ Birthdate ____/____/____ Current Age ____ Grade ____

T-shirt Size (if needed) ____ Additional Information (Special Needs/Allergies/Medical notes) _____

1st Program _____ (If Program #1 is closed) **Alternate Program** _____

Program# _____ Amt.Enclosed \$ _____ Check# _____ Program# _____ Amt.Enclosed \$ _____ Check # _____

2nd Program _____ (If Program #2 is closed) **Alternate Program** _____

Program# _____ Amt.Enclosed \$ _____ Check# _____ Program# _____ Amt.Enclosed \$ _____ Check # _____

*****NOTE: ALTERNATE PROGRAM \$ AMOUNTS MUST BE EQUAL TO YOUR PROGRAM \$ AMOUNTS**

FOR OFFICE USE ONLY

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PARTICIPANT #2

Participant's Full Name _____ Birth date ___/___/___ Current Age ___ Grade ___

T-shirt Size (if needed) ___ Additional Information (Special Needs/Allergies/Medical notes) _____

1st Program _____ (If Program #1 is closed)
Alternate Program _____

Program# _____ Amt.Enclosed \$ _____ Check# _____ Program# _____ Amt.Enclosed \$ _____ Check # _____

2nd Program _____ (If Program #2 is closed)
Alternate Program _____

Program# _____ Amt.Enclosed \$ _____ Check# _____ Program# _____ Amt.Enclosed \$ _____ Check # _____

*****NOTE: ALTERNATE PROGRAM \$ AMOUNTS MUST BE EQUAL TO YOUR PROGRAM \$ AMOUNTS**

FOR OFFICE USE ONLY

PARTICIPANT #3

Participant's Full Name _____ Birth date ___/___/___ Current Age ___ Grade ___

T-shirt Size (if needed) ___ Additional Information (Special Needs/Allergies/Medical notes) _____

1st Program _____ (If Program #1 is closed)
Alternate Program _____

Program# _____ Amt.Enclosed \$ _____ Check# _____ Program# _____ Amt.Enclosed \$ _____ Check # _____

2nd Program _____ (If Program #2 is closed)
Alternate Program _____

Program# _____ Amt.Enclosed \$ _____ Check# _____ Program# _____ Amt.Enclosed \$ _____ Check # _____

*****NOTE: ALTERNATE PROGRAM \$ AMOUNTS MUST BE EQUAL TO YOUR PROGRAM \$ AMOUNTS**

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