

Registration Form (Front)

-FULL SHEET. DO NOT CUT THIS FORM. Download additional forms from our website

Family Last Name _____ Family First Name _____

Address _____ City/Town _____ Zip _____

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**)

VISA/MC Account # _____ / _____ / _____ Exp. Date ____/____

Cardholder's Name _____ Authorized Signature _____

PARTICIPANT #1

Partnership Membership ID

Participant's Full Name _____ Birth date ____/____/____ Current Age ____ Current 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

Partnership Membership ID

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

Partnership Membership ID

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