**Registration** **Form**

**Household Information**

**Participant Info.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Participant Name**Do NOT use this form for Before/After School Registration, School Age Summer Camp. These forms are available at the Sweden/Clarkson Community Center or online at** [**www.swedenclarksonrec.recdesk.com**](http://www.swedenclarksonrec.recdesk.com)**Registration Procedure: Please complete ALL information below or set up an account at** [**www.swedenclarksonrec.recdesk.com**](http://www.swedenclarksonrec.recdesk.com) **and pay online or in our office.****We accept: Cash, Check, Money Order, Credit -online only (VISA, MasterCard, Discover \*additional processing fee applies).****Make checks payable to: Town of Sweden.****Return Form with Payment to: Sweden Clarkson Community Center, 4927 Lake Road S, Brockport, NY, 14420****Form must be filled out completely: Incomplete forms and incorrect payments will be returned.**  | D.O.B. | Gender | Grade | Shirt/PantSize | Programs Registering For | ProgramNumber | Price |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | TOTAL $ |

|  |
| --- |
| First: Last: D.O.B.(If different from registrant(s)) |
| Address:  City: Zip: |
| Home Phone: Cell: /Carrier: Work: Text Alerts: Yes No |
| Email (add us to your contact list to prevent going into junk folder): |
| Town of Sweden/Clarkson Resident (circle): Yes No  |
| Emergency Contact/Pick-up: Phone Number: |

**Notes**

Please list any special needs /limitations/allergies/etc:

Would you like to Volunteer Coach? Yes No

**Waiver of Participation/Refund Policy/Photo Release:**

**Waiver/Refund Policy must be read and signed before registration is accepted**. In consideration of your accepting my entry, and understanding that a certain amount of risk is inherent in some recreational programs, I hereby, for my child, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I or my child may have against the Town of Sweden and its representatives, successors, and assigns and/or Town of Clarkson and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups or at any recreation facility, including the skate park. I also fully realize that I must provide proper medical and hospital coverage. Furthermore, in the event a refund is granted for myself or my child for whatever reason with the activities stated, I do hereby authorize the Town of Sweden to execute a refund voucher on my behalf and submit for payment under the terms and conditions set forth in the Sweden Clarkson Recreation Department Refund Policy. Refunds are subject to processing fee. **Refund Policy**: Please refer to our brochure. **Photo Release:** I understand that photos may be taken of participants during the activity. These photos will become the property of the Town of Sweden and Recreation Department and may be used to promote the program and department.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Revised 09/14/2020**

**Waiver** **of** **Participation**