

FALL 2017 REGISTRATION FORM

Registration

PLEASE PRINT CLEARLY

Participant Name	Grade 2017-2018	Birth Date	Sex	Program #	Program Name	Program Dates/ Times	Amount

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: _____

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: _____ Mastercard: _____ Discover: _____ 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 and that convenience fee is NON-REFUNDABLE.

FOR BASKETBALL ONLY:

I would like to volunteer coach (Name): _____

Volunteer Coach Email: _____

All volunteer coaches will need to be background checked prior to volunteering.

PLAYER INFORMATION:

Name: _____ **T-Shirt Size:** _____ **Yrs. Experience** _____ **Circle Skill Level:** 1 Beginner 2 Average 3 Above Average

Name: _____ **T-Shirt Size:** _____ **Yrs. Experience** _____ **Circle Skill Level:** 1 Beginner 2 Average 3 Above Average

Circle evaluation Date for: Boys 3rd/4th, Boys 5th/6th, OR Girls 4th-6th Sat 10/28/17 OR Mon 10/30/17



Registration forms can be **faxed** to (585) 742-0142, **emailed** to parksandrec@town-victor-ny.us, **mailed** to the Town of Victor Department of Parks and Recreation, 7891 Lehigh Crossing, Victor, NY 14564 or you can register on-line at www.victoryny.org. Please call (585) 742-0140 for more information or visit us at: www.victoryny.org then choose the Parks & Rec tab.