

REGISTRATION PROCEDURE

How to Register

Resident Registration Begins:

Friday, April 23, 2018

Non-resident Registration Begins:

Friday, April 30, 2018

Programs beginning in April & May are open to everyone for registration now.

FOR REGISTRATION FORM SEE PAGE 41

Bring completed forms in person with cash, check, Visa, MasterCard, Discover Card or American Express Card during regular business hours. Monday thru' Thursday 8:30 AM – 7:30 PM & Friday until 4:30 PM at 7891 Lehigh Crossing, Victor NY 14564

Fax a completed registration form (with payment information) to: (585) 742-0142

Scan a completed registration form (with payment information) and email the scan to: parksandrec@town-victor-ny.us

REGISTER EARLY! If a class does not meet its minimum requirements 1 week prior to start date, we will cancel the class

REGISTER ON-LINE AT: www.victorny.org, click on the Parks & Rec tab and then choose Register Online. On-line registration closes out 1 week prior to start date of the program.

IMPORTANT REGISTRATION TIPS:

- Registrations forms may be photocopied.
- Be sure to fill out all information on your form.
- Assume you are enrolled unless you are notified by phone.
- Please sign the waiver on registration form.
- We recommend consulting with your physician prior to signing up for a program requiring physical exertion.

PARTICIPANT CODE OF CONDUCT:

- We will always strive to provide a place where fun things happen.
- Should our friends not be able to have fun with others, we will discuss other leisure opportunities.

PROGRAM FEES

Cash, Checks, Money Orders, Visa, MasterCard and Discover or American Express Cards are accepted. There is a non-refundable 2.65% fee or \$3.00 minimum charge for debit/credit cards.

RETURN POLICY:

There will be a \$20.00 fee for any returned check.

CANCELLATIONS AND REFUND POLICY:

- If a class is cancelled by our department a refund of the program cost will be provided
- You need to withdraw from a program **at least 5 business days** prior to the start of the program. A refund will be issued for the amount minus a \$5 processing fee.
- **NO** refunds will be issued once a program has started.

TRANSFER POLICY

Requests to transfer from one program to another must be made prior to class start date.

INCLEMENT WEATHER & PROGRAM STATUS INFORMATION

We strive to operate our programs regardless of weather – cancelling is our last resort. However:

- While most activities will be held despite the weather, schedules may change.
- Should lightning be a potential threat, outdoor activities may be moved indoors or cancelled, the Department of Parks and Recreation activities operated at Victor Central School District facilities will be cancelled if school facilities are closed.
- **When in doubt about program status, call the Department of Parks and Recreation at (585) (585) 742-0140.** Program supervisors, directors or instructors will provide information about possible make-up dates for cancelled sessions.



REFUND POLICY

DAY CAMP REFUNDS

- Early withdrawals before **6/4/18** (4 weeks before the first day of camp) will receive a full refund minus a \$5 processing fee.
- Withdrawals before **6/11/18** (3 weeks before camp) will receive a 75% refund.
- Withdrawals before **6/18/18** (2 weeks before camp) will receive a 50% refund.
- Withdrawals before **6/25/18** (1 week before camp) will receive a 25% refund.
- **Withdrawals after 6/25/18** (less than one week before camp) will only be granted a refund if the camper is ill or injured. A written refund request, with supporting documentation (doctor's note), must be received within one week of the injury or illness.
- **No refunds are given for missed camp days or trips.**



Follow us on
Facebook, & Twitter
[@VictorParksRec](https://www.facebook.com/VictorParksRec)
for parks, programs
and event photos
and updates.



SPRING/SUMMER 2018 REGISTRATION FORM

**4 EASY
WAYS TO
REGISTER**



www.victorny.org



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



(585) 742-0142



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 2017-18	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 38 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.