HOUSEHOLD INFORMATION

NAME _____ (Adult's first and last name)

ADDRESS _____

_____

HOME # _____ WORK # _____

EMERGENCY # _____ CELL# _____

E-MAIL _____

NAME _____ (Adult's first and last name)

ADDRESS _____

_____

HOME # _____ WORK# _____

EMERGENCY # _____ CELL# _____

E-MAIL _____

RELEASE: I hereby release the Perinton Recreation and Parks Department and any of its staff from any responsibility or liability in connection with this activity. I give permission to a licensed physician or other hospital staff members to carry out emergency medical care deemed necessary to myself/child/ward when normal permission is unavailable. I certify that I am in good physical health and have no limitations other than those I have listed below which may predispose me to risk during this program. I also fully realize that I must provide proper hospitalization. The Town of Perinton does not provide accident insurance coverage. I have read and understand the department's refund policy. In the event a refund is granted for myself or my child for whatever reason with the stated activity, I do hereby authorize the Town of Perinton to execute a refund voucher on my behalf and submit for payment under the terms and conditions set forth in the Town of Perinton refund and registration policy.

Statement of current medical conditions, allergies or medications: _____

Do you need special accommodations? Yes Please List: _____

Photographs may be taken of recreation programs and used in Recreation Dept. brochure. Initial here if you do NOT want photos of those listed on this form, used in this manner: _____

REFUND POLICY: A refund for any reason will be given only if applied for at least seven calendar days prior to the starting date of the program. Refunds after this period will be given on a pro-rated basis and only when accompanied by a signed doctor's certificate indicating inability to participate, or appropriate documentation evidencing personal emergency or hardship. A $6.00 processing fee, per participant, per program will be charged for all refunds. A $6.00 processing fee will be charged for each participant program transfer request. Program cancellation and transfer requests must be made in writing, and request forms are available at the Community Center reception desk, or on line at www.perinton.org. If the program is canceled by our department, a full refund will be given and no processing fee will be assessed. We depend on school facilities for several programs. When school access is cancelled, our programs still incur expenses. Program refunds will not be given when there are emergency school cancellations that require us to cancel short term, school-based programs.

_____ Date **SIGNATURE REQUIRED**: _____ Registrant (Parent or Guardian if under 18)

Participant Name	Grade	Birth Date	Sex	Class Code	Program Name	Fee		2nd Choice Code

***Would you be interested in receiving a monthly newsletter via e-mail? Yes No**

***Check here if you would NOT like your receipt emailed:** _____

NON-RESIDENT FEE (if applicable) $6.00

Total Amount: $_____ *

(Checks payable to Perinton Recreation & Parks Department)

INDICATE METHOD OF PAYMENT: CASH____ CHECK*_____ MasterCard _____ VISA _____ DISCOVER _____

NAME AS IT APPEARS ON CARD _____

CREDIT CARD NO._____ EXPIRATION DATE_____ AMOUNT_____

SIGNATURE OF CARD HOLDER _____

Receipt #_____ (for office use only)

***Separate checks required for each program**