REGISTRATION FORM TOWN OF GUILDERLAND, PARKS AND RECREATION DEPT. **SPRING/SUMMER PROGRAMS**

Participant _	(Last Name)	(First	(First Name)	
Age	Grade Entering	DOB	Gender M / F	
Guardian	(Last Name)		Name)	
Address	(Last Name)			
Town		State	Zip	
Phone (Home)	Parent Wo	ork	Cell	
	partment use only) ontact Name & Num	ber		
Does this partion	cipant have any allergi	es/conditions that w	e should be aware of?	
	ease record the most rec			
DTP . HepB	Polio HIB	N	IMR Varicella	
and entry, I hereby all rights and clain Recreation Departs myself or my child associated with the also give my perm Tawasentha Park. Camp activities.	for myself, my child, my hei ms for damages I or my chi ment and its representatives, at any activity sponsored by t e activity and authorize emergen ission for my child to partici I give my permission to the	rs, executors and administr Id may have against the T successors and assigns for hese groups. I understand th ency medical treatment and pate in class field trips req Town of Guilderland to us has the right to withdraw a	ng my or my child's registration ators, waive and release any and Fown of Guilderland Parks and any and all injuries suffered by here is an inherent risk of injuries transportation in my absence. I uiring transportation away from se pictures of my child taken at any camper who is disruptive in	
ARTICIPANT IGNATURE			DATE	
	nt or guardian signature is r	equired)		
	PLEASE FILL OUT	THE BACK OF THIS	S FORM!	
OFFICE USE OI	NLY	Amount Paid	Amount Paid	
Check	Cash	Rec'd by	Date	