

REGISTRATION FORM

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

PLEASE PRINT CLEARLY

Participant: _____

Age: _____ Grade Entering: _____ DOB: _____ Gender: M / F

Address: _____

Parent/Guardian Name: _____

Primary #: _____ Secondary #: _____

Email address: _____

Emergency Contact Names & Numbers (Provide 2 in addition to Parent/Guardian)

Does your child have any allergies or conditions we should be aware of?

Immunization Records Submission:

The Parks and Recreation Department will need either a digital or hard copy of any program participants immunization records submitted with their registration. Records can be mailed, faxed to 518-456-3156 or emailed to hillmannc@togny.org.

Records need to be received prior to registration for camp(s).

WAIVER OF PARTICIPANT OF SELF: In consideration of your accepting my or my child's registration and entry, I hereby for myself, 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 Guilderland Parks and Recreation Department and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I understand there is an inherent risk of injuries associated with the activity and authorize emergency medical treatment and transportation in my absence. I also give my permission for my child to participate in class field trips requiring transportation away from Tawasentha Park. I give my permission to the Town of Guilderland to use pictures of my child taken at Camp activities. I understand that the Director has the right to withdraw any camper who is disruptive in class or on the bus, and no refund shall be given.

SIGNATURE: _____

DATE: _____

(If 18 or under, parent or guardian signature is required)

PLEASE FILL OUT THE BACK OF THIS FORM

OFFICE USE ONLY:

AMOUNT PAID _____

CASH _____

CHECK _____

REC'D BY _____

DATE _____

REGISTRATION FORM

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

You must use a CODE number for the session or class you want to register for (where applicable). PLEASE TAKE CARE TO USE THE CORRECT CODE NUMBER SO YOU CAN BE PROPERLY PLACED. If you need additional forms please go to www.guilderlandrec.com and register online or mail in a printed registration form from the website.

CODE #	PROGRAM	DAYS	TIME	FEE

SWIM LESSONS WITH DAY CAMP (1 session per camper) YES / NO
SWIM LESSONS LEVEL 1 2 3 4 5 6 (Circle One) (See Page 10 for Levels)
(Must sign up for two weeks of day camp in order to take swim lessons)

Information requested on this form is pursuant to Public Health Law 225, 7-28. It will be treated as confidential medical information and will be given to medical service providers in case of emergency. This information shall be kept on file at the Guilderland Parks & Recreation office, 181 State Route 146, Altamont, NY 12009.

Payment Information

Please make checks payable to "Guilderland Recreation Dept."

TOTAL FEE:_____

Credit Card: MC/VISA #_____ Exp. Date_____

CRV#_____

(CRV is the last 3 digit numbers on signature panel on back of credit card. A 3% processing fee will be applied to each transaction)

Signature_____

**Mail or drop off form and fee to
Guilderland Registration Spring/Summer Programs
181 State Route 146
Altamont, NY 12009**

**(check made payable to "Guilderland Recreation Dept.")
or pay by credit card online at www.guilderlandrec.com**