



WHEATLAND RECREATION REGISTRATION FORM

Forms MUST be fully completed including signature and submitted with payment before program start.

Completed forms can be mailed to: **Town of Wheatland, P.O. Box 15, Scottsville, NY 14546**

All Fees are due with registration, make checks payable to: **Town of Wheatland**

Additional Registration Forms are available at: <http://www.townofwheatland.org>

Questions? Call (585) 889-1553, ext. 103 or send an email to: recreation@townofwheatland.org

| Program Selection | Registration Fee |
|---|------------------|
| Program #1 (Name, Day, Time): | |
| Program #2 (Name, Day, Time): | |
| Total Amount Due with Registration | |

| Participant Information | |
|--|--------------------|
| Participant Name (one per form): | |
| Parent/Guardian Name (if under 18): | |
| Home Address: | |
| Email Address: | |
| Home Phone | Cell Phone: |
| Male: | Female: |
| Grade (if applicable): | |

The Wheatland Recreation Department reserves the right to modify or change programs and fees as necessary. Participation by any person in a Recreation Program may be terminated at any time by the department at its discretion.

Waiver for Participation: I, for myself, or as the parent/guardian of the person on this registration form who is enrolling in a Town of Wheatland Recreation Program, give my approval to participate in activities related to this program(s). I acknowledge and fully understand that there is risk inherent in all recreation programs or activities. I further hereby release, indemnify and hold harmless the Town of Wheatland and its recreation department employees, officials, commission, and any member of the same, as well as the instructors and counselors conducting, taking part or designated to transport my child to or from a program/event. In the case of injury to myself or child, I hereby waive all claims against the above mentioned person or entity. I give permission for emergency medical staff, a licensed physician or hospital staff to administer emergency medical care deemed necessary for the person registered for the above program(s) and/or event if parental/guardian permission is unavailable. I also grant full permission to the Town to use my name, photograph, videotape or recording for any publicity promotion purposes without obligation or liability.

Fee Refund Policy: All refund requests must be submitted to the Recreation Department. If a program is canceled, the total amount will be refunded. You may withdraw up to 7 calendar days prior to the start of a program; **a refund will be granted with a \$5 processing fee per person/per program** (note that certain programs may be nonrefundable or involve a portion of nonrefundable monies). Within one week of a program's start date, or after a program has begun, only medical refunds will be granted (**including a \$5 processing fee per person/per program**). A doctor's written statement must accompany any medical refund request. A medical refund will be prorated based on the date of your notification to the Recreation Department. Absolutely no refunds will be granted after a program ends. The Recreation Department makes every effort to make up missed program sessions due to circumstances beyond our control, but in some cases this may not be possible.

Signature:

Office Use Only: Date:

Paid By: Cash Credit Check, #