

Town of Henrietta Recreation Department

Program Registration Form for **Mail-In Registrations**

No form necessary for in-person registrations

Primary Guardian

Name: _____ DOB (required): _____
 Address: _____ Town: _____ Zip: _____
 Home #: _____ Cell #: _____ Work #: _____
 Email: _____
 Emergency Contact: _____ Emergency Contact #: _____

Secondary Guardian

Name: _____ DOB (required): _____
 Home #: _____ Cell #: _____ Work #: _____

Participant Name (First & Last) AND Date of Birth	Gender (M/F)	Grade	Program Name (Day/Time/Class #)	Shirt Size	Special Attention (Medical, other special needs...)	Fee

WAIVER FOR PARTICIPATION:

I hereby understand and acknowledge that there is some risk inherent in all recreational activities. I acknowledge that the Town of Henrietta does not provide accident or medical insurance for program participants. I fully understand that I must provide proper medical insurance coverage for myself and/or my child. I give permission for a licensed physician or hospital staff to administer emergency medical care deemed necessary for person(s) registered for the above program(s) and/or event if parental/guardian permission is unavailable. I agree to hold the Town of Henrietta, its employees and officials harmless for any accident, and injury or other cause of action occurring while myself and/or my child participates in a Recreation program and/or event.

Parent/Guardian Signature _____ Date ____/____/____