

Wheatland Recreation and Cultural Program Registration

Town of Wheatland
P.O. Box 15
Scottsville, NY 14546

Visit Wheatland Recreation on the World Wide Web
at www.townofwheatland.org

Program Selection	Fee	Program
1. _____	_____	Date: _____
2. _____	_____	Registration #: _____
3. _____	_____	Other Reg. #'s: _____
4. _____	_____	Amount Paid: <div style="border: 1px solid black; width: 100px; height: 40px; display: inline-block; vertical-align: middle;"></div>
5. _____	_____	Paid By: <input type="checkbox"/> Check: # _____ <input type="checkbox"/> Cash Received By: _____

Child's Name: _____ Grade: _____

Male: ____ Female: ____ E-Mail Address: _____

Address: _____ City: _____ Zip Code: _____

Telephone: Days: _____ Evenings: _____

Physical Limitations (if any): _____

Parent(s) / Guardian(s) Name: _____

I, the parent/guardian of the above named child, hereby give approval to participate in any and all program activities, including transportation to and from the activities. I know that participation in these programs may result in serious injuries and that protective equipment does not prevent all injuries to players. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Wheatland, the organizers, supervisors, participants and persons transporting my child whether the result of negligence or representatives to seek and obtain medical aid for the above named child if such child should sustain an injury while participating in a Wheatland Recreation and Cultural Program and in their judgment such action is warranted.

Parent/Guardian Signature: _____