Print Form Reset Form

PITTSFORD RECREATION REGISTRATION FORM

HOUSEHOLD INFORMATION

NAME _____ NAME _____

Primary Guardian First and Last Name Secondary Guardian First and Last Name

ADDRESS _____ ADDRESS _____

_____ _____

HOME# _____ WORK# _____ HOME# _____ WORK# _____

EMAIL _____ EMAIL _____

EMERGENCY# _____ CELL# _____ EMERGENCY# _____ CELL# _____

NON-RESIDENT FEE: Participants living outside of the Town of Pittsford and the Pittsford School District are required to pay a $5.00 per activity registration fee (per individual registrant). No fee is required for free programs. Programs offered are designed for residents of the Town of Pittsford and Pittsford School District. If class size allows, registrations from non-residents who have paid the non-resident fee will be accepted. Participants living outside of the Town of Pittsford and Pittsford School District may register to receive our program brochures by mail by contacting the Recreation Department. There is a $3.00 fee charged for outside mailing.

REFUND POLICY: Refunds are available, unless otherwise stated in the program description. All refund requests must be submitted to the Pittsford Recreation Department. If a program is canceled, 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** (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. A doctor's written statement must accompany your request. Refund will be prorated based on the date of your notification to the Recreation Department. Absolutely no refunds will be granted after the program ends.

REGISTRATION TIPS: Programs that do not meet the minimum number of participants are subject to cancellation. Assume you are registered in the program unless the recreation department notifies you. Please remember that some of our programs fill quickly so please register early.

RELEASE: As part of my registration, or as a parent on behalf of a minor child, I recognize that programs involving physical activity have inherent risks of injury and/or damage and I assume any and all such risks, as well as the responsibility to be fully aware of the inherent risks associated with any program for which I register, before I begin participation. The Town and its employees will not be liable for injury or damage that occurs as a result of such risks and I waive and release the Town and its employees from any such liability. 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.

_____ **SIGNATURE REQUIRED**: _____

DATE REGISTRANT (PARENT OR GUARDIAN IF UNDER 18)

Current Medical Conditions, Allergies, or Medications: _____

Special Accommodations? Yes, Please Indicate: _____

Participant Name	Gender	Birthdate	Grade	Program Title	Activity Code	Fee

T-Shirt Sizes: YS YM YL YXL
AS AM AL AXL AXXL

For Triathlon Participants:
300 Yard Swim Time: _____min _____sec

Town of Pittsford 1796

INCLUDE NON-RESIDENT FEE - $5.00
(PER PERSON & ACTIVITY IF APPLICABLE)

Total Amount: $_____

Please Make Checks Payable to Town of Pittsford

Mail-In Forms to 35 Lincoln Ave, Pittsford, NY 14534

(OFFICE USE ONLY)

PAYMENT METHOD: CASH _____ CHECK _____ CARD VS MC DV RECEIPT #_____