



Sweden Clarkson Recreation

"Making a large community smaller through recreation"

4927 Lake Road Brockport, NY 14420 ♦ (585) 431-0090 ♦ Fax 431-0052 swedenclarksonrec.com

Registration Form

- **Registration Procedure:** Please complete all applicable information. Check for registration deadlines. Registrations received after 10:00am will be processed on the next business day. Registration received on the weekends will be processed on the next business day. **A \$5.00 charge will apply to residents who don't live in the Towns of Sweden or Clarkson.**
- **Make Checks Payable To:** Town of Sweden
- **Return Form with Payment To:** Sweden Clarkson Recreation, 4927 Lake Road, Brockport, NY 14420
- **Interested in Coaching?** Y N Name _____
- **Requests (all requests may not be able to be honored)** _____

Incomplete Forms and Incorrect Payments will be Returned

1 Participant(s) Information (same family):

First and Last Name	Gender	Grade	Birthdate	Programs Registering For:	Program Number	Fee
1.						
2.						
3.						
4.						

Credit Card # _____ Non-Resident Fee: **\$5.00** Total _____

Shirt Size: **Youth:** Sm Md Lg Xlg Pants Size: Sm Md Lg Xlg Shirt Size: **Adult:** Sm Md Lg Xlg 2Xlg 3Xlg

2 Household Information:

Primary Contact Name:	First:	Last:
Secondary Contact Name	First:	
Address:	City:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email (please do not use work email):	May we send you program information through	
Emergency Contact Name:	Phone:	

3 Special Needs/Limitations/Allergies/Notes:

No	Yes (explain)
----	---------------

4 Waiver of Participation/Refund Policy/Photo Release:

Waiver/Refund Policy must be read and signed before registration is accepted. In consideration of your accepting my entry, and understanding that a certain amount of risk is inherent in some recreational programs, I hereby, for 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 Sweden and its representatives, successors, and assigns and/or Town of Clarkson and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups or at any recreation facility, including the skate park. I also fully realize that I must provide proper medical and hospital coverage. Furthermore, in the event a refund is granted for myself or my child for whatever reason with the activities stated, I do hereby authorize the Town of Sweden to execute a refund voucher on my behalf and submit for payment under the terms and conditions set forth in the Sweden Clarkson Recreation Department Refund Policy. Refunds are subject to processing fee. **Refund Policy:** Please refer to our brochure. **Photo Release:** I understand that photos may be taken of participants during the activity. These photos will become the property of the Town of Sweden and Recreation Department and may be used to promote the program and department.

Signature: _____ Date: _____

Received By: