

**REGISTRATION FORM
TOWN OF GUILDERLAND, PARKS AND RECREATION DEPT.
SPRING/SUMMER PROGRAMS**

PLEASE PRINT CLEARLY

Participant _____
(Last Name) (First Name)

Age _____ **Grade Entering** _____ **DOB** _____ **Gender M / F**

Guardian _____
(Last Name) (First Name)

Address _____

Town _____ **State** _____ **Zip** _____

Phone _____ **Parent Work** _____ **Cell** _____
(Home)

Email address _____
(for Recreation Department use only)

Emergency Contact Name & Number _____

Does this participant have any allergies/conditions that we should be aware of?

Immunization: Please record the most recent dates:

DTP _____ Polio _____ MMR _____
HepB _____ HIB _____ Varicella _____

WAIVER OF PARTICIPANT OF SELF: In consideration of your accepting my or my child's registration and entry, I hereby for myself, 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 Guilderland Parks and Recreation Department and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I understand there is an inherent risk of injuries associated with the activity and authorize emergency medical treatment and transportation in my absence. I also give my permission for my child to participate in class field trips requiring transportation away from Tawasentha Park. I give my permission to the Town of Guilderland to use pictures of my child taken at Camp activities. I understand that the Director has the right to withdraw any camper who is disruptive in class or on the bus, and no refund shall be given.

PARTICIPANT SIGNATURE _____ **DATE** _____

(If 18 or under, parent or guardian signature is required)

PLEASE FILL OUT THE BACK OF THIS FORM!

OFFICE USE ONLY Amount Paid _____
Check _____ Cash _____ Rec'd by _____ Date _____

**REGISTRATION FORM
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SPRING/SUMMER PROGRAMS**

You must use a CODE number for the session or class you want to register for (where applicable). PLEASE TAKE CARE TO USE THE CORRECT CODE NUMBER SO YOU CAN BE PROPERLY PLACED. If you need additional forms please go to www.guilderlandrec.com and register online or mail in a printed registration form from the website.

CODE #	PROGRAM	DAYS	TIME	FEE
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

SWIM LESSONS WITH DAY CAMP YES / NO
SWIM LESSONS LEVEL 1 2 3 4 5 6 (Circle One)
SWIM LESSONS ONLY (Without Camp)

PLEASE INDICATE CODE ABOVE

Information requested on this form is pursuant to Public Health Law 225, 7-28. It will be treated as confidential medical information and will be given to medical service providers in case of emergency. This information shall be kept on file at the Guilderland Parks & Recreation office, 181 Route 146, Altamont, NY 12009.

Please make checks payable to **“Guilderland Recreation Dept.”**

TOTAL FEE _____

Credit Card: MC/VISA # _____ Exp. Date _____

CRV# _____ (*CRV is the 3 digit number found on signature panel on back of credit card)

Signature _____

**Mail or drop off form and fee to
Guilderland Registration Spring/Summer Programs
181 Route 146
Altamont, NY 12009
(check made payable to “Guilderland Recreation Dept.”)
or pay by credit card online**

**Did you know that you could have also registered for your programs online?
Please go to www.guilderlandrec.com to register for camps, look for programs updates and get all the info on our special events this summer!**