

Recreation Program Registration Form

Mail to: Recreation Department, 2 North Main St., Canandaigua, NY 14424

Make checks payable to: "City of Canandaigua"

** Please provide a separate form for each participant. Forms may be copied and mailed together. **

Name _____ M ___ F ___ Birthday _____

Address _____ Rising Grade _____

Parent/Guardian _____

Phone Number(s) _____

E-Mail Address: _____

T-Shirt Size (if applicable) _____ Instrument (if applicable) _____

Check Here if interest in coaching flag football _____ # years playing _____

Program Name	1 st Choice Course Code	2 nd Choice Course Code <small>(You will be contacted ONLY if your first choice is not available)</small>	Fee
Total			

Emergency Contact Information

Emergency Contact(s) _____

Phone Number(s) _____

Insurance Company _____

Allergies/Medical Conditions/Accomodations _____

RELEASE OF LIABILITY

I approve of my [child's] attendance and participation in the above programs and that I/he/she are in good health and able to participate in all above activities. I hereby agree to hold the City and Town of Canandaigua, along with the Canandaigua School District and all of its employees, harmless for any personal injuries that might occur during participation in the program, also including the entirety of the facility and adjoining grounds where the camp programs are held. I agree to release the City of Canandaigua, its officers, employees, and agents from any liability, legal actions, or claims, which I or my child may have, for any damage or injury to the child as a result of being enrolled in this program, or from participating in any activity that results in damage or injury to me/my child, or loss or damage of personal property, whether caused by negligence of City, its officers, employees, agents, or otherwise. I understand that there might be risks and dangers connected with some of the activities conducted as part of the program and on trips and special outings away from the camp program sites. I authorize the staff of the Canandaigua Parks & Recreation Department, without limitation, to act for me according to their best judgment in the case of an emergency requiring medical attention, and I understand that I am responsible for maintaining health insurance to cover emergency, hospital or medical expenses. I also authorize the use of my [son/daughter's] likeness in photographic, electronic or other recording media for publication. I have read, understand, and accept all of the terms and conditions set forth on this enrollment application.

Signature of Registrant/Parent/Guardian _____

Date _____

***Please Note:** You will only be contacted if you have NOT received your first program choice*