

PROGRAM REGISTRATION FORM

HOUSEHOLD INFORMATION

Adult's Last Name: _____ First Name: _____

Street: _____ City: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____ E-mail Address: _____

Non-parent emergency contact: _____ Phone: _____

Please read the following statement:

I assume all risks and hazards incidental to the conduct of the activities listed below and do hereby further release and hold harmless the Town of Gates and the Town of Gates Recreation and Parks Department staff and volunteers. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary for those listed below when normal permission is unavailable. I certify that those listed below are in good physical health and have no limitations other than those I have listed in SPECIAL NEEDS/LIMITATIONS/CONCERNS section of this form, which may predispose those listed below to risk during the programs listed below. I also fully realize that I must provide proper hospitalization. The Town of Gates does not provide accident insurance coverage. I have also read and understand the department's registration information, including it's refund policy and procedure, I also understand the department is not responsible for participants' personal items if lost or stolen.

SPECIAL NEEDS/LIMITATIONS/CONCERNS (include person's name): _____

Signature: _____ Date: _____

(if under 18 parent or guardian signature required)

Participant's First Name (include last name if different from adult)	Birth Date	Grade youth	Sex	Program	Class #	Fee

Town of Gates Resident? Yes _____ Non-resident FEE (if "NO" add \$6 or specified fee per program): _____ \$ _____

**SEPARATE CHECK REQUIRED FOR EACH PROGRAM
PLEASE PRINT ALL INFORMATION, EXCEPT SIGNATURE**

Total Amount Enclosed: _____ \$ _____

Mark Method Of Payment: Check _____ Cash _____ Credit Card _____
 *****NEW***** I authorize you to charge my Master Card: _____ Visa _____ *****NEW*****

Credit Card No.: _____ Expiration Date: _____ Amount: _____

Signature of Card Holder _____