

2017
SENECA FALLS RECREATION & PARKS
HALLOWEEN REGISTRATION INFORMATION

PLEASE PRINT!

NAME _____ GRADE _____ (AS OF 9/1/17)

ADDRESS _____ SEX: MALE _____ FEMALE _____

PHONE# _____ CURRENT AGE _____ DATE OF BIRTH ____/____/____

PARENT/GUARDIAN DATA or PARTICIPANT DATA:

NAME _____ SPOUSE _____

ADDRESS _____ ADDRESS _____

PHONE# _____ PHONE# _____

EMERGENCY CONTACT NAME _____ PHONE _____

FAMILY EMAIL ADDRESS: _____

PLEASE LIST ANY ALLERGIES: _____

LIABILITY WAIVER

I, the undersigned, agree to participate or let my child participate in the Seneca Falls Recreation & Parks Commission program indicated above. I understand and agree that the SENECA FALLS RECREATION & PARKS COMMISSION, its DIRECTORS, MANAGERS, COACHES, TOWN of SENECA FALLS OFFICIALS and OTHER ORGANIZERS shall in no way be held liable for any injury received at any meeting of the above named program. I understand that it shall be my responsibility to transport my child or myself to and from this program.

I do, hereby, assume all NORMAL risks and hazards incidental to the conduct of the above named program. I further release, absolve, indemnify and hold blameless the SENECA FALLS RECREATION & PARKS COMMISSION or any of the personnel appointed by that COMMISSION or the TOWN OF SENECA FALLS.

PARENT/GUARDIAN or PARTICIPANT SIGNATURE

DATE

QUESTIONS? CONTACT THE SENECA FALLS REC/PARKS OFFICE AT 568-6933

DELIVER OR MAIL COMPLETED FORM TO:
SENECA FALLS COMMUNITY CENTER, 35 WATER ST., SENECA FALLS, NY 13148