REGISTRATION FORM

PLEASE PRINT ALL INFORMATION, EXCEPT SIGNATURES

Head of Household Last Name:_____ First Name:_____

Head of Household Date of Birth: _____ Gender: M F Town of Gates Resident: YES NO Gates Chili School District Resident: YES NO

Household Address Street_____ City_____ Zip_____

Email Address:_____ Primary Phone:_____ Secondary Phone:_____

Emergency Contact:_____ Relationship:_____ Phone:_____

Activity Information (Please complete all requested information, including the appropriate T-Shirt Size ~ YS, YM, YL, AS, AM, AL, XL, XXL ~ if a t-shirt is provided and $6 or specified fee per program, if you are a non-resident):

Participant's Name	Date of Birth	Gender	Grade	Shirt Size	Program	Class #	Total Fee Due
	/ /	M F					
	/ /	M F					
	/ /	M F					
	/ /	M F					
	/ /	M F					
	/ /	M F					
	/ /	M F					
					Non-resident fee ($6 per person per program		**$**
Payment (Please complete all payment information):					**Total Amount Enclosed:**		**$**

Mark Method of Payment: Check: _____ Cash: _____ Charge Card: _____ Debit Card: _____
(see below for authorization)

I authorize you to charge my MasterCard: _____ Visa: _____ Discover: _____

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

Signature of Card Holder_____

Liability Waiver (Please read the following statement and sign and date where indicated):

I assume all risks and hazards incidental to the conduct of the activities listed above 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 above when normal permission is unavailable. I certify that those listed above are in good physical health and have no limitations other than those I have listed in SPECIAL NEEDS/LIMITATIONS/CONCERNS section on the HOUSEHOLD PROFILE, which may predispose those listed above to risk during the programs listed above. 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. I give permission for the Town of Gates to photograph or video tape those listed above during the indicted activity.

_____ By checking here, I authorize Gates Recreation and Parks Department to e-mail receipts instead of mailing via USPS

Signature: _____ Date:_____
(if under 18 parent or guardian signature required)