

# REGISTRATION FORM

PLEASE PRINT ALL INFORMATION, EXCEPT SIGNATURES

Head of Household Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Head of Household Date of Birth: \_\_\_\_\_ Town of \_\_\_\_\_ Gates Chili School  
 Gender: M F Gates Resident: YES NO District Resident: YES NO  
 Household Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Street \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 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	2017-18 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 its 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)