

# Ogden Parks and Recreation

269 Ogden Center Road, Spencerport, NY 14559 ♦ (585) 617-6174 ♦ recreation@ogdenny.com

Please DO NOT use this form for Summer Camp, Before and After School Care, Recess Camp, Pre-school Registration, or Ski Club. These forms are available at the OPRD Office or you may download and print forms from www.ogdenny.com.

## Registration Form

- **Registration Procedure:** Please complete all applicable information. Check for registration deadlines. Any registrations received after deadline (if posted) will be returned.
- **Make Checks Payable To:** Town of Ogden
- **Return Form with Payment To:** Ogden Parks and Recreation, 269 Ogden Center Road, Spencerport, NY 14559
- **Form must be filled out completely:** Incomplete forms and incorrect payments will be returned

### 1 Participant(s) Information (same family):

First and Last Name	Gender	Grade	Birthdate	Programs Registering For:	Dates of Program	Time of Program
1.						
2.						
3.						
4.						

Please  Shirt Size if Applicable: **Youth:** Med Lg **Adult:** Sm Med Lg XI

### 2 Household Information:

Primary Parent/Guardian Name:	First:	Last:
Secondary Parent/Guardian Name:	First:	Last:
Address:	City:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email (please do not use work email):		
Alternate Contact Name:	Phone:	

### 3 Special Needs/Limitations/Allergies/Notes:

No	Yes (explain)
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### 4 Waiver of Participation/Refund Policy/Photo Release:

**Waiver/Refund Policy must be read and signed before registration is accepted.** I assume all risks and hazards incidental to the conduct of the above-mentioned program(s) and to hereby further release and hold harmless the Town of Ogden and Town of Ogden Recreation staff. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary for myself when normal permission is unavailable. I certify that I am in good physical health and have no limitations other than those I have listed, which may predispose me to risk during this program. I also fully realize that I must provide proper hospitalization. The Town of Ogden does not provide insurance coverage. **Refund Policy:** All requests must come directly to the Parks & Recreation Office in writing 4 working days prior to the program starting date and are subject to a \$5 processing fee. No refunds will be offered after this date unless: 1.) The Parks & Recreation Dept. cancels the program. 2.) A waiting list exists for a program and someone off of the waiting list can fill the person's spot that has vacated. The \$5.00 processing fee will still apply. 3.) The request is accompanied by a doctor's written excuse (this will be pro-rated at the discretion of the Department). **NO REFUNDS will be given once a program begins.** **Photo Release:** I understand that photos may be taken of participants during the activity. These photos will become the property of the Town of Ogden Parks and Recreation Department and may be used to promote the program and department.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian signature required if participant is under 18 years of age)