Town of Henrietta Program Registration Form

If you have not already done so, please complete the reverse of this form. Once you have done this you will not have to complete it again.

Household Last Name:_____

Street:_____ Zip:_____

Participant's First Name (include last name if different from adult)	**Program**	**Shirt Size** *(if applicable)* YM, YL,, AS, AM, AI, AXL	**Class Number**	**Fee**

(__) I give permission for my son/daughter's photograph to be used for the cover of the Henrietta Recreation and Youth Bureau Brochure and/or any other promotional use by the Town of Henrietta for Recreation programs and events.

(__) I DO NOT give permission for photographs to be taken of my child.

WAIVER FOR PARTICIPATION:

I hereby understand and acknowledge that there is some risk inherent in all recreational activities. I acknowledge that the Town of Henrietta does not provide accident or medical insurance for program participants. I fully understand that I must provide proper medical insurance coverage for myself and/or my child. I give permission for emergency medical staff, a licensed physician or hospital staff to administer emergency medical care deemed necessary for person(s) registered for the above program(s) and/or event if parental/guardian permission is unavailable. I agree to hold the Town of Henrietta, its employees and officials harmless for any accident, and injury or other cause of action occurring while myself and/or my child participates in a Recreation program and/or event.

Parent/Guardian Signature_____ Date___/___/___