

**PROGRAM REGISTRATION FORM**

**HOUSEHOLD INFORMATION**

PARENT/ GUARDIAN NAME: ADDRESS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE#1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| PARTICIPANT NAME | GENDER(M/F) | BIRTHDATE | GRADE | PROGRAM NAME | LEVEL/SECTION | Shirt Size | FEE |
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 **\*Payment is non-refundable.**

**Medical conditions or limitations** (please note which child if registering more than one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you willing to: -COACH -ASST. COACH** (PLEASE CIRCLE)

\*Selected head coaches will be refunded the registration fee for one registered child.

*Mail form to WRC at:* ***P.O. BOX 152 Williamson, NY 14589***

**Registration Agreement:**

I hereby unconditionally release and hold harmless the Williamson Recreation Committee Inc., and any of its staff, from all responsibility or liability in connection with any and all activities for the participants listed above, for the current calendar year. I acknowledge that neither I/ my children suffer from any physical impairments and have no limitations, other than listed below, which may predispose me/my child to risk during any recreation activity. I give permission for a licensed physician or other hospital staff members to carry out emergency medical care deemed necessary to myself/child/ward when normal permission is unavailable. I authorize the party or person in charge of my child’s activity to seek medical care.

**Code of Conduct**:

**I AGREE** to encourage good sportsmanship by demonstrating positive, respectful support for all players, parents, coaches and officials at each game, practice and event**, I AGREE** to place the emotional and physical well being of all ahead of my own desire to win**. I AGREE** that the event is to be played in a safe and healthy environment. **I AGREE** to a drug, alcohol and tobacco free environment and I will refrain from their use at all events. **I AGREE** to provide prompt transportation to and from all events. I **AGREE** that the game is just a game, and I am responsible for making it fun. Failure to abide by this code can result in loss of ability to compete in or attend the event.

**Use of Images**: I do hereby authorize Williamson Recreation and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

\_\_\_\_\_ I DO NOT give permission

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (parent or guardian if participant is under 18)