

# Wheatland Recreation and Cultural Program Registration

Town of Wheatland  
P.O. Box 15 Scottsville, New York  
14546

Visit Wheatland Recreation on the Web at  
[www.townofwheatland.org](http://www.townofwheatland.org)

Program Selection	Fee	
1. _____	_____	<p style="text-align: center;"><u>Official Usage Only</u></p> <p>Date: _____</p> <p>Registration#: _____</p> <p>Other Reg. #'s: _____</p> <p>Amount Paid: <span style="border: 1px solid black; display: inline-block; width: 60px; height: 25px; vertical-align: middle;"></span></p> <p>Paid By:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Check #: _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Cash</p> <p>Received By: _____</p>
2. _____	_____	
3. _____	_____	
4. _____	_____	
5. _____	_____	

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Days: \_\_\_\_\_ Evenings: \_\_\_\_\_

Physical Limitations (if any): \_\_\_\_\_

Parent(s) / Guardian(s) Name: \_\_\_\_\_

I, the parent/guardian of the above named child, hereby give approval to participate in any and all program activities, including transportation to and from the activities. I know that participation in these programs may result in serious injuries and that protective equipment does not prevent all injuries to players. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Wheatland, the organizers, supervisors, participants and persons transporting my child whether the result of negligence or representatives to seek and obtain medical aid for the above named child if such child should sustain an injury while participating in a Wheatland Recreation and Cultural Program and in their judgment such action is warranted.

Parent/Guardian Signature: \_\_\_\_\_