

REGISTRATION FORM

Name _____ Name _____
 (Adult's first and last name) (Adult's first and last name)

Address _____ Address _____

Home # _____ Work# _____ Home # _____ Work# _____

Emergency # _____ Cell# _____ Emergency # _____ Cell# _____

Email _____ Email _____

Participant Name	Grade 2017-2018	Birth Date	Sex	Program #	Program Name	Program Dates/ Times	Amount

RELEASE: I hereby release the Shelter Island Recreation Department and any of its staff from any responsibility or liability in connection with this activity. I give permission to 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 certify that I am in good physical health and have no limitations other than those I have listed below which may predispose me to risk during this program. I also fully realize that I must provide proper hospitalization. The Town of Shelter Island does not provide accident insurance coverage. I have read and understand the department's refund policy. In the event a refund is granted for myself or my child for whatever reason with the stated activity, I do hereby authorize the Town of Shelter Island to execute a refund voucher on my behalf and submit for payment under the terms and conditions set forth in the Town of Shelter Island refund and registration policy.

Statement of current medical conditions, allergies or medications: _____

Do you need special accommodations? Yes Please List: _____

Photographs may be taken of recreation programs and used in Recreation Dept. brochure. Initial here if you do NOT want photos of those listed on this form, used in this manner: _____

REFUND POLICY: A refund for any reason will be given only if applied for at least seven calendar days prior to the starting date of the program. Refunds after this period will be given on a pro-rated basis and only when accompanied by a signed doctor's certificate indicating inability to participate, or appropriate documentation evidencing personal emergency or hardship. A \$7.00 processing fee, per participant, per program will be charged for all refunds. A \$7.00 processing fee will be charged for each participant program transfer request. Program cancellation and transfer requests must be made in writing. If the program is canceled by our department, a full refund will be given and no processing fee will be assessed. We depend on school facilities for several programs. When school access is cancelled, our programs still incur expenses. Program refunds will not be given when there are emergency school cancellations that require us to cancel short term, school-based programs.

SIGNATURE REQUIRED: _____ DATE: _____

(SIGNATURE OF PARTICIPANT, PARENT OR GUARDIAN)

WHAT ARE WE MISSING?

Please let us know if we are missing a program area you would like to see offered, what we can do a better job at and any suggestions that you may have for the Recreation Department. We ALWAYS welcome your feedback!

Name _____ Phone Number (optional) _____