



## Town of Clifton Park Mail In/Drop Off Registration Application Form



(Use this form to register for all programs, **EXCEPT** swim and day camp)

**\*\*Our on-line registration system is available at [www.cliftonpark.org](http://www.cliftonpark.org)**

Please print and fill out this form **COMPLETELY**.

Household Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town/City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Please fill out this side with any emergency contact information.

Emergency contacts:  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Number: \_\_\_\_\_ Number: \_\_\_\_\_

Session #	Activity Name	Start Date	Time	Place	Fee	Registrant's Name	Date of Birth	Male/Female

**TOTAL FEE:**

Make checks payable to: Town of Clifton Park  
 Mail to: Parks, Recreation & Community Affairs, 1 Town Hall Plaza, Clifton Park, NY 12065

*If minor; please fill in the following: I \_\_\_\_\_, the parent/legal guardian of, \_\_\_\_\_ do hereby consent to his/her participation in the above recreation program(s) sponsored by Town of Clifton Park. I assume, for and on behalf of my child, all risks and hazards incidental to such participation.*

*I recognize the difficulties and challenges involved in the outdoor, sports programs and camps, and that my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician. I agree to indemnify and hold harmless the Town of Clifton Park, its employees and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this summer recreation program and its trips and activities, including, but not limited to, reasonable attorney's fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold The Town of Clifton Park harmless from any and all liabilities, for any physical or mental injury or aggravation of any pre-existing illness, handicap, and death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child while participating in the recreation program. The scope of this agreement extends to any actions taken by the Town of Clifton Park Office of Parks, Recreation & Community Affairs, the Town of Clifton Park, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation or event.*

*I further agree that if he/she does suffer any injury the Town of Clifton Park's Parks, Recreation and Community Affairs, through its employees or agents, has my permission to sign whatever consent forms required for any necessary emergency medical treatment. I further understand that the Town of Clifton Park will first attempt to contact me at the numbers listed above to obtain my consent for any such treatment.*

*I understand that all refund requests must be in writing and received 10 days prior to start of program and that there will be NO refunds after this time. Further, I acknowledge that there will be a \$10 non-refundable charge on all registrations.*

*Participants may be photographed while participating in a Clifton Park Parks & Recreation program and said photographs may be used to publicize activities as the Town deems appropriate.*

\_\_\_\_\_  
 Signature of Participant or Parent (if participant is under 18 yrs. of age)

\_\_\_\_\_  
 Date

Please check here if you would like to register online in the future.

