

PROGRAM REGISTRATION FORM

FAMILY INFORMATION

Head of Household (Last, First) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Emergency Phone _____

Email Address: (*IMPORTANT-for course confirmation/cancellation only*) _____ *please print clearly*

Are you a Webster Central School District Resident? yes no (*please include additional \$5 nonresident fee for each program*)

WAC membership number (if applicable) / must include this number to receive class discounts # _____

WAIVER FOR PARTICIPATION

If an injury occurs, I authorize the person in charge to seek medical care. I will pay the cost of such care. I also release the Webster Central School District from any liability arising out of participation in said program. I further understand that participation is at my own risk and I assume the risk of injury.

Signature (required) _____ Date _____

If applicant is under 18, parent or guardian signature is required

PROGRAM INFORMATION

#1) Participant's Full Name _____ M F Birth Date _____ Age _____

Course Name _____ Course # _____

Start Date _____ Course Fee \$ _____ Nonres. Fee \$ _____ Total \$ _____

Special Needs (eye color and permit # required for 5-HR preclicensing courses) _____

2) Participant's Full Name _____ M F Birth Date _____ Age _____

Course Name _____ Course # _____

Start Date _____ Course Fee \$ _____ Nonres. Fee \$ _____ Total \$ _____

Special Needs (eye color and permit # required for 5-HR preclicensing courses) _____

#3) Participant's Full Name _____ M F Birth Date _____ Age _____

Course Name _____ Course # _____

Start Date _____ Course Fee \$ _____ Nonres. Fee \$ _____ Total \$ _____

Special Needs (eye color and permit # required for 5-HR preclicensing courses) _____

Please fill out the entire form, make checks payable to "Webster Central School District" and mail or deliver to Community Programs Office at the Webster Aquatic Center, 875 Ridge Road, Webster, NY 14580

Cash \$ _____

Credit Vouchers Enclosed / Amount \$ _____ Check Enclosed / Amount \$ _____ Check # _____

VISA / MC/Discover Account # _____ Expiration Date _____ Total Charge \$ _____

Cardholder's Name _____ Check here if you need a receipt for insurance reimbursement. Otherwise, assume your registration was accepted.

Authorized Signature _____ *We will only contact you if a class is cancelled or changed.*