JEFFERSON SUMMER CAMP PART-TIME ENROLLMENT FORM

Adult Registrant or Parent/Guardian Name _____

Address_____Cell Phone ( )_____ Home/Work Phone ( )_____

City_____ Zip Code_____ E-mail Address_____

Participant's First Name	Participant's Last Name	Birthdate	M/F *Circle*	*Please check the weeks your child(ren) will be attending. Code 316044-*									
				M/W/F	**M1**	**M2**	**M3**	**M4**	**M5**	**M6**	**M7**	**M8**	**M9**
				Tu/Th	**T1**	**T2**	**T3**	**T4**	**T5**	**T6**	**T7**	**T8**	**T9**
				Week	**6/29-7/3**	**7/6-7/10**	**7/13-7/17**	**7/20-7/24**	**7/27-7/31**	**8/3-8/7**	**8/10-8/14**	**8/17-8/21**	**8/24-8/28**
				Fee MWF Res / TR Res / MWF NR / TR NR	$115 / $75 / $144 / $96	$115 / $75 / $144 / $96	$115 / $75 / $144 / $96	$115 / $75 / $144 / $96	$115 / $75 / $144 / $96	$115 / $75 / $144 / $96	$115 / $75 / $144 / $96	$115 / $75 / $144 / $96	$115 / $75 / $144 / $96
			M F										
			M F										
			M F										

MUST SUBMIT ONLINE PARTICIPANT INFORMATION FORM, PHYSICAL & IMMUNIZATION BY JUNE 22
https://www.surveymonkey.com/r/jeffersoncamp20

Total Fees: ⇉

ASSUMPTION OF RISK & RELEASE FORM

The undersigned person requests and is granted permission to participate in classes, activities programs and/or events sponsored by the Town of Tonawanda ("Town") whether occurring on its premises or elsewhere. In consideration of participation in any such class, activity, program or event, the undersigned, his/her personal representatives, heirs and/or assigns, DOES HEREBY:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Town, its Board, Officers, Employees and/or Agents from any and all claims for personal injury or property damage, except those resulting from the Town's negligence, arising out of participation in any such class, activity, program or event, and further agrees to hold harmless the Town from any claims, judgments or expenses the undersigned may incur by participation in the described activity.
2. UNDERSTAND that participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.
3 ACKNOWLEDGE that the undersigned is aware of equipment and safety regulations and will comply with each regulation ASSUMING ALL RISK for himself/herself and all liability to others for failure to do so. No oral representations or inducements have been made prior to signing this agreement. If any portion of this agreement is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect.

I HAVE READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A RELEASE OF CLAIMS ON THE CONDITIONS SET FORTH ABOVE. I UNDERSTAND AND ASSUME ALL RISKS INHERENT IN THIS ACTIVITY ON BEHALF OF MYSELF OR IN MY CAPACITY AS LEGAL GUARDIAN FOR THE PARTICIPANT BELOW.

_____ _____

Authorized Signature Date

Office Use Only:

Date:_____ Initials:_____ Facility_____ Res Proof_____

Method of Payment: □ Cash □ Check □ MC □ VISA □ Discover □ Other_____ *Credit Cards not accepted through the mail or over the phone at any location!*