

Town of DeWitt Parks & Recreation Department
5400 Butternut Drive, East Syracuse, NY 13057
Phone: 315-446-9250 ext. 9 * Fax: 315-449-2065 * Web: www.townofdewitt.com

General Registration Form

**NOT to be used for: Summer Day Camp, Y.E.S., Learn to Swim, Friday Ski Club or Saturday Soccer.
Those forms will be made available on-line and in the office.**

How to register:

Submit a completed form and full payment by cash or check to the P&R Office (address above).

If no payment is needed, forms may be faxed into the office.

You will be notified if a class is full or cancelled.

Checks should be made out to: Town of DeWitt.

Debit/Credit cards are not accepted at this time. Bounced checks are assessed a \$33 fee.

Participant's Name: _____

Program Name: _____ Session # if applies: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Daytime Contact #: _____

Emergency Contact Name & Number: _____

In consideration of your accepting this registration I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against the Town of DeWitt, the Town of DeWitt Parks and Recreation Department, the Town of DeWitt Parks and Recreation Commission, and any and all sponsors, representatives, successors and assigns, for any and all injuries suffered by me/ my child in said program. No medical insurance is carried by the Town for program participants. Registrants are encouraged to have their own medical coverage.

Participant's Signature: _____

e-mail address (optional) _____

For "Youth Programs" please complete the following section.

Parent/Guardian Name: _____ daytime contact #: _____

Parent/Guardian Name: _____ daytime contact #: _____

Emergency Name: _____ Phone #: _____

Child's School: _____ Grade: _____ Birthday: _____

Parent/Guardian Signature: _____