



**Pittsford Recreation/Spiegel Community Center**  
 35 Lincoln Avenue, Pittsford NY, 14534 • 248-6280 • www.townofpittsford.org

Parent/Guardian or Self \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
First Name Last Name

Street Address \_\_\_\_\_ Town \_\_\_\_\_ ZIP \_\_\_\_\_ Cell Phone \_\_\_\_\_

Participant Name	M	F	BirthDate	Grade	School	Course	Course Code	Fee

Email address: \_\_\_\_\_

As part of my registration, or as a parent on behalf of a minor child, I recognize that programs involving physical activity have inherent risks of injury and/or damage and I assume any and all such risks, as well as the responsibility to be fully aware of the inherent risks associated with any program for which I register, before I begin participation. The Town and its employees will not be liable for injury or damage that occurs as a result of such risks and I waive and release the Town and its employees from any such liability. I also grant full permission to the Town to use my name photograph, videotape or recording for any publicity promotion purposes without obligation or liability.

**SIGNATURE REQUIRED** \_\_\_\_\_  
Registrant (Parent or Guardian if under 18)

**OFFICE USE**

Materials Code	Fee
Non-resident Fee Code #	9 9 6 0 2

Non-resident Fee Code #

**Received on:**

Check   
  Cash   
  Card

**Please make check payable to the  
TOWN OF PITTSFORD**

**TOTAL** \_\_\_\_\_