

**Registration Form**

**Date:** \_\_\_\_\_

**Name:** Last \_\_\_\_\_ First \_\_\_\_\_

**Address:** \_\_\_\_\_ Town/Village \_\_\_\_\_ Zip \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Add \$5 per program for non-residents of Sweden, Clarkson, Brockport**

**Program/Trip Name** \_\_\_\_\_ **Program Fee** \_\_\_\_\_

**Non-Resident** \_\_\_\_\_

**Form of Payment:** Cash \_\_\_\_\_ Check \_\_\_\_\_

**Total** \_\_\_\_\_

Receipt requested \_\_\_\_\_ yes \_\_\_\_\_ no

**Meal Choice** (if applicable) \_\_\_\_\_

**Check made to: Town of Sweden**

Mail or Return to: Sweden Senior Center, 133 State St., Brockport, NY 14420

**Sweden Senior Center Registration Waiver**

The undersigned, for himself/herself, his/her executors, administrators and assignees, does hereby release and discharge Sweden Senior Center and The Towns of Sweden Clarkson, Monroe County and all other sponsors, supporters, and agents and persons acting for and on behalf of such entities, from all claims and damages or actions whatsoever in any manner related to or growing out of my participation in programs sponsored by Sweden Senior Center, and the Towns of Sweden/Clarkson, including, but not limited to: educational, cultural, physical fitness related programs, and travel in the form of field trips.

I attest and verify that I have full knowledge of the risk involved in physical fitness activities and that I have obtained approval from my physician to participate in them.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

For office use: Receipt # _____ Date Processed: _____
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