

**Adult Participant or Parent/Guardian Information**



DEPARTMENT OF PARKS,  
RECREATION & HUMAN SERVICES

\_\_\_\_\_ | \_\_\_\_\_ | D.O. B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name First Name

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Address City State Zip

Malta Resident  Yes  No

(\_\_\_\_) \_\_\_\_\_ | (\_\_\_\_) \_\_\_\_\_ | (\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone Cell Phone

\_\_\_\_\_ | \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Email Address Emergency Contact Name/Phone

**Read & Sign the Waiver**

Upon payment and/or participating in this activity, I agree to indemnify and hold harmless the Town of Malta Parks & Recreation Dept., The Town of Malta, its employees, personnel, independent contractors and volunteers from any and all liability for injuries or damages which may arise as a result of participating in this activity. I assume all risks and hazards incidental to participation on behalf of myself or my child. I recognize the difficulties and challenges that may be involved in participating in this activity and I or my child are physically and mentally fit to participate and have not been advised otherwise by a physician. Although the Town of Malta endeavors to provide nut free programs, I understand that the Town cannot guarantee that the program or the premises in which it is held is totally free of exposure to nuts and nut-products. I also understand that I am responsible to determine whether it is safe for my child to participate in this program and assume the risk by enrolling my child in the program. I do hereby waive, relinquish, release, discharge, and hold harmless from any and all liability, for any physical or mental injury or aggravation of any pre-existing illness, handicap, death, loss of enjoyment, exposure to nut products or any other harm or loss of nature which may be sustained by me or my child while participating in this activity. I further agree that the Town of Malta Recreation personnel or class instructor may act in an emergency as best fits the situation in the event my emergency contact cannot be reached. I am aware that the sponsoring organization does not carry medical insurance for participants.

\_\_\_\_\_  
Signature of Participant or Parent/Guardian Date

Participant's Name (First, Last)	Grade	Birth Date	Sex	Code	Program Name	Fee
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			

**Complete Payment Method**

TOTAL AMOUNT DUE: \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_

Make checks payable to **Town of Malta**.

Cardholder Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_  
(Card Verification code)

**Let us know of any special needs**

We welcome individuals with disabilities. Please describe any accommodations needed for successful inclusion in the program(s).

**Return**

By Mail: Malta Community Center, Class Registration  
1 Bayberry Drive  
Malta, NY 12020

By Fax: 518-899-4448  
(Credit cards only)

**Cancellation Policy:** Since the fees collected must offset personnel and other program expenses, any requests for a refund or credit must be made a full week prior to the start of class. Requests after this time will not be considered. There will be a \$10 service charge per activity if requesting a refund check. No service charge for accepting a credit on your account. Only amounts greater than \$20 will be refunded by check. For those under \$20, the money will be applied to your account. In the event an activity is filled or cancelled, a full refund will be made. Please allow up to 4 weeks for refund checks to be issued.