

Class Registration Form

Town of Malta Parks, Recreation and Human Services

1. Adult Participant or Parent/Guardian Information

Last Name _____ First Name _____ D.O.B. ____/____/____
 Address _____ City _____ State _____ Zip _____ Malta Resident Yes No
 Home Phone (____) _____ Cell Phone (____) _____
 Email Address _____ Emergency Contact Name _____ Phone (____) _____

2. 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, including but not limited to, exposure to the Novel COVID-19 virus. 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. The Town of Malta photographs and videotapes program participants. By registering for a program or involvement with an activity/event, the participant consents to use by the Town of her/his likeness in Town promotions and other uses. 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 _____

3. Tell us what you are registering for

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			

4. 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)

5. Let us know of any special needs

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

6. Return

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

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

Refund Policy: Requests for a check refund or customer credit must be made a full week prior to the start of class. There is a \$10 service charge for each activity refund although there is no service charge for accepting a customer credit on your MaltaParksRec.com account. There are no refunds for missed classes. Only amounts great than \$10 are refundable via check. For refund requests under \$10, money will be applied to your MaltaParksRec.com customer account

Returned Checks: \$20 service charge for all returned checks