

PLAYGROUND CAMP REGISTRATION FORM

Town of Brighton Recreation & Parks Department / www.townofbrighton.org
220 Idlewood Rd, Rochester, NY 14618 / 585-784-5260 / TTY 585-784-5381

Only **ONE FAMILY** per registration form. Please fill out completely!

Parent / Guardian / Self _____ E-Mail _____

Current Address _____ City _____ Zip _____ Brighton Res.? _____
All notifications will be sent to above address)

Home Phone _____ Work Phone _____ Cell Phone _____

If we need to reach you, what number should we call? Home / Work / Cell / Any (please circle)

Participant Name	M	F	Birthdate			Age	Fall '23 Grade	Program Name	Program #	Fee

2 nd Choice										

2 nd Choice										

2 nd Choice										

2 nd Choice										
									TOTAL:	\$

****If we cannot place you in your first or second choice we will notify you by phone.****

Refund Policy / Photo Release

No refunds except when the department cancels a program or if you move before a program starts or a doctor certifies illness of a participant. A \$10.00 administration fee will be withheld on all refunds unless class is canceled. A \$20 administrative fee will be charged for all checks returned for insufficient funds.

I hereby release Brighton Recreation and any of its staff from any responsibility from any connection with this activity. I also fully realize that I must provide proper hospitalization.

I also give my consent for photos taken of my child or myself to be used by the Recreation Department for promotional material, including but not limited to our Seasonal Brochure and use on the Town Website without prior notification.

→ Please sign that you agree to the conditions above _____ Please check this box if you DO NOT want your or your child's photo to be used.
(Parents must sign for children under 18 years old)

Special needs/limitations/medical conditions (please include participant name)

Acceptable forms of payment:

- Cash
- Check
- VISA
- Master Card

Please make checks payable to
BRIGHTON RECREATION

OFFICE USE: Receipt #: _____ Date Posted: _____
Amt. Pd.: _____

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Expiration Date ____ / ____

Signature _____