

Registration Form

Primary Guardian Information

First Name	Last Name
Mailing Address	
City/State/Zipcode	
E-mail	
Primary Phone	Work/Emergency Phone

Participant Information

First & Last Name	Sex M/F	Date of Birth	Grade	Age	Program Code	Program Name	Day/Date/ Time	Fee

Payment Information

Cash Check enclosed, Check # _____ (payable to Batavia Park District)
 Credit Card (NOTE: Credit card payments will only be accepted by phone, online, or in person.)
AMOUNT PAID \$ _____

Yes!
 I want to receive
 the Batavia Park
 District E-Newsletter

Persons with Disabilities

The Park District makes reasonable accommodations for persons with disabilities to participate. Please specify, in the space provided, any adaptive equipment, personnel, or other accommodations you need to participate in a program for which you have registered. Please provide two weeks notice.

Yes!
 I would like to make
 a donation to the
 Batavia Park District
 Scholarship Fund.
 \$ _____

Signature Required

Participation will be denied if the signature of an adult participant or parent/guardian and date are not on this waiver. I have read and fully understand the assumption of risk and waiver and release of all claims (see reverse).

 Signature of Participant (18 years and up) or Primary Guardian / Date

Mail or drop off this form with your payment. See previous page for other registration options.

Register now at bataviaparks.org |