

Registration Form

Please return form and check for appropriate amount to:
GENEVA RECREATION DEPARTMENT
47 CASTLE STREET
GENEVA, NY 14456

Programs Name _____

Participants Name _____ Enclosed Fee _____

Guardians Name (for participant under 18) _____

Relation _____ Date of Birth if under 18 ____/____/____

Please read and sign the following: I hereby release the City of Geneva and its instructors from full responsibility in case of accident, damage, loss or liability which may arise because of participation in this program. It is my responsibility to use my own treatment resources in the treatment of injury.

Signature _____ Date _____

Address _____

_____ City Resident Non-Resident

Email _____ Phone _____

Please notify me either via phone or e-mail that my registration has been received.

OFFICIAL USE ONLY:

Date Paid _____ Recd by _____ Amt _____

Check Cash

Geneva Recreation Department

47 Castle Street
First Floor for Registration
Geneva, New York 14456
Phone: 315-789-5005
Fax: 315-789-4294
genevarec.com
@genevaNYrec
Geneva Rec. Dept.