

## REGISTRATION INFORMATION

### In Person

Bring your completed registration form and payment to the Webster Aquatic Center (WAC) service desk. The WAC is located adjacent to Webster Schroeder High School, 875 Ridge Road. There is ample parking and the service desk is staffed during all regular pool hours:

Mon. / Wed.	5:30 AM - 9:00 PM
Tues. / Thurs.	6:00 AM - 9:00 PM
Fri.	5:30 AM - 8:00 PM
Sat.	7:00 AM - 3:00 PM
Sun.	12:00 PM - 5:00 PM

Schedule subject to change. Call (585) 670-1087.

### On-line - fastest way to register

You may register and pay with a credit card on our website at [www.websterschools.org](http://www.websterschools.org). Click on the link for "community education" from the school's home page to view the list of upcoming courses by subject area.

Please note, when registering on-line you must first set up an account and choose a log-in name and password. Relevant information about yourself and family members who may also take classes will be saved on our database so you do not have to reenter

this information. If you took classes in the past, we may have already established an account for you. Please check with us if you are not sure.

Once you have an account, on-line registration is just a few clicks away. Please note, we do not store credit card information. All payment information goes through a third-party secure payment gateway.

*Please do not register on-line if you are signing up for the watercize multiple class discount. Submit those course registrations in person, by mail, or fax. Thank you.*

### Mail

Send your completed registration form with a check, money order, VISA or MasterCard payment information to Webster Central School Community Programs, at the Webster Aquatic Center, 875 Ridge Road, Webster, NY 14580.

### Fax

FAX your completed registration with VISA or MasterCard payment information to us at (585) 787-0964.

## CLASS LOCATIONS

**Webster Schroeder High School**, 875 Ridge Road

**Webster Aquatic Center**, 875 Ridge Road  
(separate building adjacent to high school)

**Webster Thomas High School**, 800 Five Mile Line Road

**Thomas Pool**, 800 Five Mile Line (inside high school)

**Willink Middle School**, 800 Five Mile Line Road

*Exact classroom numbers are not always available at press time, but will be posted in the building the night of class.*

### Registration is Ongoing

Registration is ongoing for all programs. If you register midway through a program, you must register for the full session. Rates will not be prorated, but Duck Bucks will be granted.

### Duck Bucks

Those who register after the first week of class will receive Duck Buck vouchers for the portion of the class missed. Duck Bucks may be applied toward future class fees. Duck Bucks may also be granted for classes missed due to medical emergencies, family hardships, or unforeseen circumstances, at the discretion of the program director.

### Need a Receipt?

Receipts are available upon request. If you want a receipt, please check the appropriate box at the bottom right corner of the course registration form.

### Cancellation Policy

All classes are held at school facilities. When the school district closes due to inclement weather, the pools and classrooms are also closed and classes are cancelled.

### Refunds

Full refunds are available up to one week prior to the first date of the class. After that, there are no refunds except for qualifying medical reasons.

# PROGRAM REGISTRATION FORM

## FAMILY INFORMATION

Head of Household (Last, First) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Email Address: (**IMPORTANT-for course confirmation/cancellation only / will not be shared**) \_\_\_\_\_  
*please print clearly*

Are you a Webster Central School District Resident? yes no (**please include additional \$5 nonresident fee for each program**)

WAC member number (if applicable) / must include this number to receive class discounts # \_\_\_\_\_

## WAIVER FOR PARTICIPATION

If an injury occurs, I authorize the person in charge to seek medical care. I will pay the cost of such care. I also release the Webster Central School District from any liability arising out of participation in said program. I further understand that participation is at my own risk and I assume the risk of injury.

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

*If applicant is under 18, parent or guardian signature is required*

## PROGRAM INFORMATION

#1) Participant's Full Name \_\_\_\_\_  M  F Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Course Name \_\_\_\_\_ Course # \_\_\_\_\_

Start Date \_\_\_\_\_ Course Fee \$ \_\_\_\_\_ Nonres. Fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Special Needs (eye color and permit # required for 5-HR pre-licensing courses) \_\_\_\_\_

# 2) Participant's Full Name \_\_\_\_\_  M  F Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Course Name \_\_\_\_\_ Course # \_\_\_\_\_

Start Date \_\_\_\_\_ Course Fee \$ \_\_\_\_\_ Nonres. Fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Special Needs (eye color and permit # required for 5-HR pre-licensing courses) \_\_\_\_\_

#3) Participant's Full Name \_\_\_\_\_  M  F Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Course Name \_\_\_\_\_ Course # \_\_\_\_\_

Start Date \_\_\_\_\_ Course Fee \$ \_\_\_\_\_ Nonres. Fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Special Needs (eye color and permit # required for 5-HR pre-licensing courses) \_\_\_\_\_

# 4) Participant's Full Name \_\_\_\_\_  M  F Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Course Name \_\_\_\_\_ Course # \_\_\_\_\_

Start Date \_\_\_\_\_ Course Fee \$ \_\_\_\_\_ Nonres. Fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Special Needs (eye color and permit # required for 5-HR pre-licensing courses) \_\_\_\_\_

*Please fill out the entire form, make checks payable to "Webster Central School District" and mail or deliver to Community Programs Office at the Webster Aquatic Center, 875 Ridge Road, Webster, NY 14580; Fax (585) 787-0964*

Cash \$ \_\_\_\_\_

Credit Vouchers Enclosed / Amount \$ \_\_\_\_\_

Check Enclosed / Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_

VISA / MC Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Total Charge \$ \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Check here if you need a receipt for insurance reimbursement. Otherwise, assume your registration was accepted.

Authorized Signature \_\_\_\_\_

*We will only contact you if a class is cancelled or changed.*