

TOWN OF NEW WINDSOR RECREATION DEPARTMENT PROGRAM REGISTRATION FORM

PROGRAM _____ FEE _____ RECEIPT # _____

NAME _____ DOB _____ AGE AT END OF PROGRAM _____

NAME _____ DOB _____ AGE AT END OF PROGRAM _____

NAME _____ DOB _____ AGE AT END OF PROGRAM _____

ADDRESS _____

TOWN/CITY _____ STATE _____ ZIP _____

PHONE# _____ CELL# _____

EMAIL ADDRESS _____

MEDICAL INFORMATION _____

MEDICATION BEING TAKEN _____

MEDICAL I.D. BRACELET: YES / NO

EMERGENCY CONTACT PERSON _____

PHONE _____ CELL# _____

RELATIONSHIP _____

By checking this box it is acknowledged and/or agreed on behalf of all registrants included in this application that:

1. The Town of New Windsor/Newburgh Enlarged City School District does not provide coverage for any injury sustained during this trip/event; and
2. The Town of New Windsor/Newburgh Enlarged City School District will be held harmless for any injury sustained out of or in the course of this trip/event.

[] I agree

SIGNATURE _____ **DATE** _____

No refunds will be given unless program is cancelled

_____ Yes, I would be interested in voluntarily coaching if needed. The Rec. Dept. will call me if I am selected .