

Registration Form

New Castle Recreation and Parks

200 South Greeley Avenue - Chappaqua, New York 10514
(914)238-3909

Participants Name Please Print	(First)	(Last)	(Grade)	(DOB)	(Age)	(Sex)
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Address	New? <input type="checkbox"/> Yes <input type="checkbox"/> No	(Street)	(City)	(State)	(Zip)
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Phones:	(Home)	(Cell)	(Emergency)	(E Mail—Print Clearly)
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<input type="checkbox"/> Resident	<input type="checkbox"/> Non Resident	<input type="checkbox"/> Chappaqua School District	(School Attending)
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Parents Name	(First)	(Last)
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Program No.	Program	Day	Time	*Fee

Release Provision for New Castle Recreation Department:

In consideration of your accepting either my entry or my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Town and its representatives, successors and assigns for any and all injuries suffered by me or my child at any activity sponsored by these groups. In addition, I hereby grant permission for my likeness, or my child's likeness, to be used by the Town and its representatives, successors and assigns in any media now or hereafter developed, in connection with any advertising and/or promotion of the Town and/or Town sponsored programs or events, and waive any claim or entitlement to any compensation, monetary or otherwise, for or from the use of such likeness.

Signature _____ Date _____

***REMINDER — Separate check for each activity. No refunds unless class is cancelled.**

For Office Use Only

Fee Paid \$ _____ Date _____ Check No. _____ Cash Received by _____