

Town of Pound Ridge Recreation Department
GENERAL ACTIVITY REGISTRATION FORM
Please print and fill out completely

Parent/Guardian/Self: _____
Last Name First Name

Mailing Address _____

Tel: (Day) _____ (Eve) _____ (Cell) _____

Email: _____

Emergency Contact: *In the event the above cannot be reached, please designate a friend/ neighbor we may contact during the time the registrant is in class.*

Name _____ **Tel:** _____

Make checks payable to **Town of Pound Ridge**

Mail to: Recreation Department, 179 Westchester Ave., Pound Ridge, NY 10576

Last Name	First Name	Sex	Grade	DOB	Activity Name	Days	Time	Fee

General Waiver: I hereby, for myself, my children, my heirs, executors and administrators, waive and release any and all right and claims for damages against the Town of Pound Ridge, its Commission members, Employees, Representatives and Volunteers, for any and all injuries suffered by me or my child(ren) at any activity sponsored by these groups. I understand all persons participate in Town programs at their own risk. I agree that all photos taken during activities may be used by the Town of Pound Ridge for publicity.

Signature _____ **Date** _____

General activity registration form