CROTON PARKS AND RECREATION
CROTON-ON-HUDSON, NEW YORK 10520

YOUTH ACTIVITIES PROGRAM REGISTRATION FORM

Name_____Phone_____

Address_____

Grade _____Age _____Birth Date _____

Other Phone or Emergency Contact Information _____

_____

Other Information If Applicable - (I.E. Allergies, Special Restrictions, Considerations,

Medications, etc.) _____

_____

One of these forms needs to be on file in order for your child to participate in the Croton Youth Activities Program. One form is good for all current and future activities sponsored by this program.

It is important that you are aware that the Village of Croton-on-Hudson does not provide health/accident insurance for the participants of any recreation programs. If you do not have a health insurance policy, we suggest that you secure one before registering for a program sponsored by the Village of Croton-on-Hudson.

I hereby waive, release and discharge The Village of Croton-on-Hudson, its employees and agents from any liability for damages to person or property arising from participation in any recreation program. I assume responsibility for any such risk or damage.

Signature of Parent or Guardian _____

Date_____