Village of Croton-on-Hudson Recreation Department Mail-in Registration Form/Release Form

Please print and use a separate form for each person. When mailing a form, please send separate checks for each program. All information must be completed or registration will not be accepted.

Participant's					
Name		Date of B	irth	Grade	
Address					
Parent's Nam	ıe				_
(if under 18)					
Home Phone	ome PhoneWork Phone				_
Emergency N	lame & Phone				<u> </u>
Activity #	Section #	Program	Day	Fee	_
	Total Due			_	
waive, release ar arise from my/m time I am engagi	nd discharge the Vill ny child participating ng in any activities o	lage of Croton-on-l g in these programs offered by the Crot	Hudson, its ens. I hereby als	nployees and agent o state that I will n Department, its a	rtment/Village of Croton-on-Hudson. In so doing, I hereb ts from any liability for injury to person or property that ma have health insurance for myself/my child in effect during th agents or employees. I agree to indemnify and hold harmles child's intentional or negligent conduct.
Participant's Sigr	nature (parent or gu	ardian if under18)		Date	

Registration may be done using this "Mail-in Registration Form." Please be sure to complete all information, sign and enclose check(s) for the proper amount made payable to: "Village of Croton" and mail to Municipal Building, One Van Wyck Street, Croton-on-Hudson, NY 10520.