



TOWN OF FISHKILL

793 Route 52
Fishkill, New York 12524

(845) 831-3371
Fax (914) 831-3069

RECREATION REGISTRATION FORM (Non Day Camp Registration Form)

First Name _____ Last Name _____ Resident (Y) (N)

Address _____ Town _____ Zip _____

Home Phone _____ Cell Phone _____ Shirt Size _____
(not all programs get shirts)

Sex: (M) (F) DOB: _____ Age _____ Grade _____

Email _____

PARENT INFORMATION (if under 18):

Mother Name: _____ Cell _____

Father's Name: _____ Cell _____

Emergency Contact Name: _____ Phone _____

PROGRAM ATTENDING	PROGRAM DATES	PROGRAM FEE
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

As a participant in the program listed, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or loss that I sustain as a result of such participation. I further understand the Town of Fishkill does not provide accidental medical coverage, and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, employees, and representatives of the Town of Fishkill from any and all claims.

Signature _____ Date _____

If Under 18...

As the parent/legal guardian of the participant in the program listed, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or loss that I sustain as a result of such participation. I further understand the Town of Fishkill does not provide accidental medical coverage, and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, and employees of the Town of Fishkill from any and all claims.

Parental Signature _____ Date _____

<i>For office use only:</i>	
<i>Paid</i> _____	
<i>Check #</i> _____	<i>Cash</i> _____
<i>Receipt #</i> _____	<i>Date</i> _____