



Town of Dryden Recreation Department Program Registration Form

OFFICE USE ONLY paid entered

Name (Parent/Guardian) _____

Address _____ City/Town _____ State _____ Zip _____

E-mail _____ Home phone _____ Work phone _____ Cell Phone _____

Would you like to be added to our e-mail list? Yes No I am already subscribed

Please list the phone number and name of a responsible adult if parents are not available.

Emergency Contact Name _____ Emergency Contact phone number(s) _____

Please list any medical conditions, physical limitations/restrictions for any participant _____

List each participant's information:

Name	M/F	Date of birth	Grade	School	Program code and name	Fee

TEE SHIRT SIZE: _____

Total Enclosed: \$ _____

Please send me confirmation of my programs, via: e-mail mail (please include a self addressed, stamped envelope for this option).

Form of Payment (make payable to Town of Dryden Recreation Department)

Cash Check _____

Check no.

*I, the undersigned parent or guardian of the child(ren) listed above, hereby give permission for my child(ren) to participate in the Town of Dryden Recreation Department sponsored program indicated above at my and his or her own risk. I understand that there is **NO accident insurance coverage** for any participant in the program. On behalf of myself, my child(ren) and any other guardian, I agree that we will abide by the rules and regulations of the program and will accept in good faith, any and all decisions of the official(s)/person(s) in charge. I agree to defend, save and hold harmless the Town of Dryden and the Town of Dryden Recreation Department for any injuries, damages, claims, suits or causes of action occasioned by my child(ren)'s participation in the said program and I hereby release from any and all liability the said Town of Dryden, Town of Dryden Recreation Department, the Youth Sport Program, and/or any person(s), property, or official(s) in relation to said program.*

Consent: I hereby consent to authorize the Town of Dryden Recreation Department the right to publish, reproduce, and use for advertising or any other purposes, any photograph, video image, audio recording or other likeness of my child or family member.

Signature (Parent/Guardian if participant is under 18) _____ Date _____

Additional signature required for all participants over the age of 18 _____ Date _____

Return by mail, fax or in person with payment payable to:

Town of Dryden Recreation Department
93 East Main Street, Dryden, NY 13053
Tel 607-844-8888 option 4/ fax 607-844-8008

Email: recreation@dryden.ny.us
Web: www.dryden.ny.us/recreation-department