



# Dryden Recreation Department Program Registration Form

PLEASE PRINT NEATLY ☺

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

Emergency Contact Name

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

Emergency Contact phone number(s)

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

### List each participant's information below

Participant Name	M/F	DOB	Grade	School	Program Name	Fee

Total Amount Enclosed: \$ \_\_\_\_\_

### Form of Payment

(make checks payable to "Town of Dryden Recreation Department")

Cash

Check

Check no. \_\_\_\_\_

SNAP eligible residents may qualify for financial assistance. Please call 607-844-888 Ext 4 for further information.

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

The Town of Dryden Recreation Department intends to comply with legislation in regard to the Americans with Disabilities Act. Should you or your child require special accommodations, please contact us.