Town of Mamaroneck Recreation Dept.

Individual Program Application Date____/____/____

Participant_____ Age_____

Address_____ Date of Birth_____

City_____ Zip_____

Home Phone_____ Business Phone/Ext._____

Cell Phone_____ Emergency Phone_____

Email_____

Program/Activity Desired_____

Session_____ Day_____ Time_____

Fee_____

I, the participant or parent/guardian of the above named child, who participates in programs organized by the Town of Mamaroneck Recreation Department, assume all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am aware that participating in any recreational program can be a dangerous activity involving risks of injury. I specifically release, absolve, indemnify and waive any claims against the Town of Mamaronceck, the Town of Mamaroneck Recreation Department, their organizers, sponsors and any supervisors appointed by them from liability. Photo Permission - Participants permit the taking of photographs of themselves and their children during recreational activities for publication and use by the Recreation Department for promotional purposes unless otherwise stated.

By completing this application, I acknowledge the Recreation Dept. policies for program registration and refunds.

Signature_____ Date_____

Form of payment

Credit Card Payment: Visa ☐ Master Card ☐ Expiration Date___/____

Credit Card No.: | | | | | | | | | | | | | | | | |

Signature_____ Date_____

☐ Check Enclosed.

Make checks payable to Town of Mamaroneck and mail to
Recreation Dept., 740 W. Boston Post Rd. Mamaroneck, NY 10543