

# EASTCHESTER RECREATION REGISTRATION FORM

Return to: Recreation Department, 40 Mill Road, Eastchester, NY 10709 (914) 771-3311

PLEASE PRINT CLEARLY

(Adult Name) Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Emergency: ( ) \_\_\_\_\_

The undersigned hereby releases the Town Of Eastchester, its Town Board, employees and volunteers of any liability whatsoever in connection with any damages and/or injuries that the above named person(s) may sustain as a result of his/her participation in the above program(s). I further state the above information is accurate and realize that any false information will result in cancellation of program participation with no refunds.

LAST	FIRST	GRADE	SEX	D.O.B.	ACTIVITY NAME	ACT. #	SEC. #	FEE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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