



# Teen Scene



Please Print Clearly

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ (Circle) M F

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Participant's Email: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

\*Please note: All updates and information about "Teen Scene" will be sent via email

Parent/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contacts: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Fees:** Please make checks payable to: **Town of Eastchester**

**Early-Bird Registration (ends 10/14/16)** - \$140 per participant; \$195 for 2 participants in the same family

**Regular Registration**-\$165 per participant; \$225 for 2 participants in the same family

**Half-Year Registration**-\$95 per participant; \$120 for 2 participants in the same family

**Please Circle One for Half-Year Membership (Oct. 1 – March 31) OR (April 1 – Aug. 31)**

## Eastchester, Tuckahoe and Bronxville Residents in grades 7-9 only

**\*This membership is good from September 2016 through August 2017\***

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

In the event of an emergency and I can not be reached, I here by give permission to the physician selected by the Town of Eastchester to hospitalize and secure treatment. The Town of Eastchester reserves the right to dismiss any participant at any time for improper behavior or if they pose a health risk to others.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

To be filled out by Town of Eastchester Staff

Proof of Residency: \_\_\_\_\_

Student ID: \_\_\_\_\_

Phone Bill: \_\_\_\_\_

Electric Bill: \_\_\_\_\_

Payment Type:

Cash: \_\_\_\_\_

Check #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

**OVER →**