

Dobbs Ferry Recreation & Parks Department
Aquatic Programs

Name _____ Sex _____ Address _____

Age _____ Grade _____ Home Phone # _____ Emergency Phone # _____

SWIM INSTRUCTION: All lessons are \$75.00

Saturdays beginning 7/9 for 6 week

Parents/Tots Lessons	(9:00 – 9:30 AM)	_____
4, 5 years old & 1 st Grade	(9:30 - 10:00 AM)	_____
2 nd & 3 rd grade	(10:00 -10:30 AM)	_____
4 th , 5 th & 6 th grade	(10:00 - 10:30 AM)	_____

As a participant in the above program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risks of any injuries, damages or loss which I or my child may sustain as a result of such participation. I further understand that the Village of Dobbs Ferry does not provide accidental medical coverage and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Village of Dobbs Ferry, Parks and Recreation Department, its officers, agents and employees from any and all claims.

Signature _____

Date _____

NO REFUND UNLESS PROGRAM IS CANCELLED.

Dobbs Ferry Recreation & Parks Department (early)

Family Last Name _____ Mother's Name _____ Father's Name _____

Child's Name _____ D/O/B _____ Child's Name _____ D/O/B _____

Child's Name _____ D/O/B _____ Child's Name _____ D/O/B _____

Child's Name _____ D/O/B _____ Child's Name _____ D/O/B _____

Address _____ Home Phone # _____ Email _____

MEMBERSHIP: (Please circle)

Family-\$400.00 Individual (over 12)-\$200.00 Individual (under 12)-\$.100.00 Senior-\$60.00

Non-Resident- \$500.00 Non-Resident: - \$250.00 Non-Resident - \$150.00 Non-Resident - \$80.00

Wading Pool-\$80.00 Wading Pool 2nd child - \$40.00 Daily Card Holder-\$60.00

Non-Resident - \$110.00 Non-Resident -\$65.00 Non-Resident - \$90.00

Heart Condition _____ High Blood Pressure _____ Seizure Disorder _____ Diabetic _____ Allergies _____

Hearing Impairment _____ Physical Disability _____ Other _____

Do you or any member of your family take medication: (Please use other side for more room.)

Name of Medicine _____ Dosage _____ x's Per Day _____

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