

Registration Form

Use this form to register for any of the programs listed in this web site. Please fill out and return this form as soon as possible.

FAMILY NAME _____

ADDRESS _____

PHONE # (DAY) _____ (EVENING) _____

E-MAIL _____

EMERGENCY CONTACT:

NAME _____ PHONE # _____

FAMILY NAME _____

Participant's Name	DOB	Grade	Sex	Program	Fee

Total Fee Enclosed: _____

For office use only: Cash _____
Date _____

Check # _____
Received By _____

As a participant in the above program (s), 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, the Parks and Recreation Department, it's officers, agents and employees from any and all claims.

Signature _____

Date _____

Please make checks payable to: **The Village of Dobbs Ferry**
60 Palisade Street, Dobbs Ferry, NY 10522.

Got questions? E-mail us @ **dfrec@optonline.net**