The Village of Dobbs Ferry
Recreation Department

Afterschool Registration Form – Spring 2018

Child's Name: _____ Teacher: _____

Grade: _____ DOB: ____/____/____ Gender: _____

Address: _____ Home Phone: _____

(please check)

1. Class: _____ Course Day: M☐ T☐ W☐ TH☐ F☐

2. Class: _____ Course Day: M☐ T☐ W☐ TH☐ F☐

3. Class: _____ Course Day: M☐ T☐ W☐ TH☐ F☐

Required Information

Parent(s) Name: _____ Cell Phone: _____

Work Phone: _____ E-mail Address: _____

Child's Allergy Information: _____

(Please Circle)

Child pick up Information: **Pick up** **Walk** **Springhurst Children's Center Afterschool Program**

Emergency Contact: (Must be someone other than a parent)

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

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, the Parks and Recreation Department, its officers, agents and employees from any and all claims.

Parent's Signature _____ Date _____

Return to:
Dobbs Ferry Parks & Recreation Department
Memorial Park Office
105 Palisade Street, Dobbs Ferry, NY 10522
Please make checks payable to the Village of Dobbs Ferry.

For office use only:

Cash: _____ Check #: _____ Credit Card: _____