Town of Bedford Recreation and Parks Department

RECREATION PROGRAM REGISTRATION FORM

COMPLETE ENTIRE FORM - PLEASE PRINT

Household Name_____

Full Address_____ Zip Code _____

Home Phone _____ Cell Phone_____ E-Mail _____

EMERGENCY Name_____ **Telephone**_____

Participant Name (Last, First)	Sex	Grade	DOB	Program Day	Activity #	Activity Name	Fee

Form of Payment □ **Cash** □ **Check** □ **Credit Card** **Total Fee $**_____

General Release The undersigned hereby releases the Town Of Bedford, its Town Board, Recreation and Parks Department, employees and volunteers thereof, of any responsibilities should an accident or injury occur to the above named participant as a result of participation in the aforementioned program sponsored by the Bedford Recreation and Parks Department. I understand the department may use photos taken during events unless I notify them in writing.

Participant's Signature (Parent/Guardian, if under age 18)_____

Bring or mail this form with fee to: Town of Bedford Recreation and Parks Dept.,
425 Cherry St., Bedford Hills, NY 10507 914-666-7004

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