

Eastchester Recreation and Parks Department

US Sports – Multi Sports Registration Form

Mail to: Eastchester Recreation, 40 Mill Road Eastchester, New York Check Made to: Town of Eastchester

Camper's Name: _____ Male: _____ Female: _____
Parent's Name(s): _____
Complete Address: _____
Phone Numbers: Home: _____ Work/Daytime: _____
Cell: _____ E-mail: _____
Date of Birth: _____ Age as of 8/10/2020: _____
Grade in (September 2020): _____ School attending (Fall 2020): _____
Doctor/Physician: _____ Phone: _____
Emergency Contacts:
Name: _____ Phone: _____
Name: _____ Phone: _____
Please list any allergies (bee stings, foods, medications, etc.) _____
Is your child required to take medication or carry an inhaler and/or EpiPen? Yes _____ No _____
If Yes, please list: _____
Please list anything else that the Staff should be made aware of _____

Please initial in the boxes below that you have read and understand the information provided via links on www.eastchester.org in the Parks and Recreation Section under the US Sports – Multi- Sports Section

Please initial in the boxes below

I have read the US Sports Session Structure (for Camps) information and understand it (link online)
 I understand that I will need to fill out the Daily Health Screening online for my Child each day prior to Camp

The undersigned hereby releases the Town of Eastchester, its Board, employees, and volunteers of any liability whatsoever in connection with any damages and/or injury or sickness including COVID-19 that the above-named person may sustain as a result of his/her participation in the above-named program. COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal authorities and the State of NY recommend social distancing to prevent the spread of COVID-19. Contracting COVID-19 can lead to severe illness, and in some cases, death. Use of the Eastchester Recreation facilities could increase the risk of you or your child contracting COVID-19. Eastchester Recreation, as well as its staff, are and will undertake every possible effort to keep our facility clean and disinfected, as well as to mandate social distancing of staff and visitors at all possible times. However, as with any public facility, we cannot guarantee that you will be 100% safe from airborne illnesses including COVID-19. Signature of this waiver, along with your answers on the daily questionnaire, confirm that you understand and accept these risks and will not hold the Town of Eastchester responsible (by a claim of negligence or otherwise) in the event someone in your household contracts COVID-19 or any other illness.

Emergency Authorization:

In the event that I cannot be reached and an emergency occurs, I hereby give permission to the physician selected by the Program Director to hospitalize and secure treatment. The Town reserves the right to dismiss a participant at any time for improper behavior or if they pose a health risk to others.

Parent/ Guardian Signature (required) _____
Date

Office Use Only:
Check # _____ Cash _____ Signature _____ Rules _____ Employee Initials _____