

EASTCHESTER RECREATION REGISTRATION FORM

Return to: Recreation Department, 40 Mill Road, Eastchester, NY 10709 (914) 771-3311

PLEASE PRINT CLEARLY

(Adult Name) Last: _____ First: _____

Address: _____ City/Town: _____ Zip: _____

E-Mail Address: _____ Home Phone: () _____

Business Phone: () _____ Cell Phone: () _____ Emergency: () _____

LAST	FIRST	GRADE	SEX	D.O.B.	ACTIVITY NAME	ACT. #	SEC. #	FEE

The undersigned hereby releases the Town Of Eastchester, its Town Board, employees and volunteers of any liability whatsoever in connection with any damages and/or injuries that the above named person(s) may sustain as a result of his/her participation in the above program(s). I further state the above information is accurate and realize that any false information will result in cancellation of program participation with no refunds.

SIGNATURE: _____ DATE: _____



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