

**VILLAGE OF CROTON-ON-HUDSON
RECREATION AND PARKS DEPARTMENT
YOUTH PROGRAM REGISTRATION FORM**

Name _____ Phone _____

Address _____

Grade _____ Age _____ Birthdate _____

Other Phone and Emergency Contact Information _____

Parent/Guardian's E-mail (Optional) _____

Would you like to be e-mailed flyers and other information about upcoming activities?

Yes [] No []

Other Information – (I.E. Allergies, Medications, Special Restrictions, Other Considerations.)

A completed form needs to be on file in order for your child to participate in the Croton Youth Program. One form is good for all current and future activities but your information will need to be updated occasionally.

It is important that you are aware that the Village of Croton-on Hudson does not provide medical/accident insurance for the participants of its recreation programs. If you do not have a medical insurance policy, we suggest that you secure one before registering for a program sponsored by the Village of Croton-on-Hudson.

I hereby waive, release and discharge the Village of Croton-on-Hudson, its employees and agents from any liability for damages to person or property arising from participation in any recreation program. I assume responsibility for any such risk or damage.

Signature of Parent or Guardian _____

Date _____