

VILLAGE OF MAMARONECK RECREATION DEPARTMENT
please print* PROGRAM APPLICATION *please print

Program Activity _____ Date _____

Age _____ Sex F M _____ DOB: _____ Time _____

Participant Name _____
 Parent Last Name (if different) _____ Session _____

Address _____ Village/Town _____ Zip _____

Home Phone _____ Day Phone _____

Emergency Contact: Name _____ Phone _____
 Work _____ Cell _____

E-Mail Address: _____

Release of Liability:

In consideration of your acceptance of myself (print name): _____ or my child or any minor in my legal custody, (print child's name) _____ I hereby for myself, child, heirs, executors and administrators exempt, release and hold harmless the Village of Mamaroneck, its officers, employees, agents (including independent contractors) and volunteers from any and all liability, claims or causes of action whatsoever, arising out of, or which may result from, my participation or that of my child or of any minor in my legal custody including any claims or causes of action arising out of or as a result of any personal injuries whether resulting from the negligence of the Village of Mamaroneck and/or its officers, employees, agents, including independent contractors or some other cause. As a participant in the program, I recognize 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 or any minor in my custody may sustain as a result of participation. I understand that it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Village of Mamaroneck and all its officers, agents and employees from any claims. I also verify, under penalty of perjury that my legal and permanent residence is within the Village and attest and verify that I (or my child) am (is) physically fit for participation in the above activity. Failure to comply with these rules or follow directions may result in dismissal of program with NO REFUND.

I understand NO ALCOHOL may be brought and/or consumed during any Recreation programs.

I give my permission for my child's photo to be used in VOM Recreation publications and publicity.

Dance Programs:

To ensure that each child is given the best opportunity to learn without distraction, parents/caretakers are not allowed to sit in the classroom or in the doorway. Parents will be given every opportunity to see their child's progress during the pre-scheduled observation days and at the year-end showcase. I understand that I may not be in the dance studio during classes. There will be parent observation days where I may view classes that my child is in. Teacher conferences may also be scheduled.

Signature of applicant (or parent/guardian if under 18 years of age):

X _____

Date ____/____/____

For office use only:			
Amt. Paid _____	Cash _____	Check# _____	Rec'd. by & date _____

MAILED IN APPLICATIONS MUST HAVE:

1. FORM COMPLETELY FILLED OUT
2. ONE FORM FOR EACH PROGRAM AND EACH PARTICIPANT
3. FULL PAYMENT MUST ACCOMPANY APPLICATION
4. PROOF OF RESIDENCY MUST BE ENCLOSED
(PROOF IS DRIVER'S LICENSE OR TWO DIFFERENT UTILITY BILLS)