



Town of Mamaroneck Recreation Dept. Individual Program Application

Participant _____ Age _____ M ___ F ___

Address _____ Date of Birth _____

City _____ Zip _____

Home Phone _____ Business Phone/Ext. _____

Cell Phone _____ Emergency Phone _____

Email _____

Program _____

Session _____ Day _____ Time _____ Fee _____

I, the participant or parent/guardian of the above named child, who participates in programs organized by the Town of Mamaroneck Recreation Department, assume all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am aware that participating in any recreational program can be a dangerous activity involving risks of injury. I specifically release, absolve, indemnify and waive any claims against the Town of Mamaroneck, the Town of Mamaroneck Recreation Department, their organizers, sponsors and any supervisors appointed by them from liability. Photo Permission - Participants permit the taking of photographs of themselves and their children during recreational activities for publication and use by the Recreation Department for promotional purposes unless otherwise stated.

By completing this application, I acknowledge the Recreation Dept. policies for program registration and refunds.

Signature _____ Date _____

Individual check are necessary for each program.

Check Enclosed. (For mail in only)

Make checks payable to Town of Mamaroneck and mail to Recreation Dept., 740 W. Boston Post Rd. Mamaroneck, NY 10543.