

Philipstown Recreation Department

2010 ADULT PROGRAM REGISTRATION

PLEASE PRINT CLEARLY:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Emergency \_\_\_\_\_

Email Address \_\_\_\_\_

PROGRAMS/SESSIONS YOU ARE REGISTERING FOR:

- 1. \_\_\_\_\_ 6. \_\_\_\_\_
2. \_\_\_\_\_ 7. \_\_\_\_\_
3. \_\_\_\_\_ 8. \_\_\_\_\_
4. \_\_\_\_\_ 9. \_\_\_\_\_
5. \_\_\_\_\_ 10. \_\_\_\_\_

[ ] The Philipstown Recreation Department reserves the right to photograph, video or record any Recreation Program and use for future promotions. Please check this box if you do not want your picture to be used.

MAKE CHECKS PAYABLE TO: Philipstown Recreation Department, PO Box 155, Cold Spring, NY 10516

\*All outstanding bills must be paid before participating in new programs. Please call the Recreation Department if you wish to set up a payment plan; inquiries are confidential.

REFUNDS/CREDIT:

Refunds will be issued to all registrants in case of program cancellation by the Recreation Department. Refunds, at registrants requests, may be made up to one week prior to start of a program. Participants may be offered a pro-rated credit towards future recreation fees if a documented medical problem prevents completion of a program.

The Town's insurance plan is excess of all other valid and collectible individual or group accident and/or health insurance in force at the time of an accident; i.e.; you must submit all bills to your own insurance first, and then the Town policy will pick-up the un-paid balance, up to the limits of the policy less deductible.

(Print Name) Parent/Legal Guardian (Signature) Parent/Legal Guardian Date

REGISTRATION FOR ALL SUMMER PROGRAMS OPENS APRIL 19 FOR RESIDENTS & APRIL 26 FOR NON-RESIDENTS.