

**TOWN OF CORTLANDT ADULT PROGRAM ACTIVITY REGISTRATION FORM**

**ONLINE REGISTRATION AVAILABLE FOR CORTLANDT RECREATION PROGRAMS: [WWW.TOWNOFCORTLANDT.COM/RECONLINE](http://WWW.TOWNOFCORTLANDT.COM/RECONLINE)**  
 PLEASE PRINT CLEARLY; APPLICATION MUST BE COMPETELY FILLED IN

Last Name \_\_\_\_\_ RPG First Name \_\_\_\_\_ RPG DOB \_\_\_\_\_

Street Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone Mobile Provider \_\_\_\_\_

- Yes, I would like to receive marketing emails from the Cortlandt Recreation Department about new programs, upcoming events, and town news.
- Yes, I would like to receive text message alerts from the Cortlandt Recreation Department. \*By checking this box, I understand that standard text messaging rates may apply.

*I agree, or agree on behalf of my minor child, to assume: (i) all risk of personal injury or loss; (ii) bodily injury; and (iii) damage to, loss of, or destruction of any personal property resulting from or arising out of participation in the designated activity. I also re-lease, waive, indemnify, hold harmless, and discharge the Town of Cortlandt from all claims, damages, and injuries arising out of my or my minor child's activities, including my or my minor child's use of equipment and facilities provided by the Town of Cortlandt. By checking "I Accept" line below, you are signing this Agreement. **I Accept**\_\_\_\_\_*

*By participating in any programs sponsored by the Town of Cortlandt, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by my participation. I agree that if I am exposed to or infected by COVID-19 during my participation in any programs sponsored by the Town of Cortlandt, then my heirs, successors, assigns, and I have waived any right to maintain a lawsuit against the Town of Cortlandt, volunteer coaches, employees, and hired independent contractors, for exposure to COVID-19, and my heirs, successors, assigns, and I shall hold the Town of Cortlandt harmless with respect to any damages incurred from contracting COVID-19. Every participant should bring a mask as players on the sideline will be required to wear masks. I acknowledge that I have read and fully understand the terms and conditions. By checking "I Accept" line below, you are signing this Agreement. **I Accept**\_\_\_\_\_*

Course #	Participants Name		Sex	D.O.B.	Activity Name	Total Fee
	Last Name	First Name				
<b>Total Fee</b>						<b>\$</b>

**NONRESIDENT S:** 20% SURCHARGE TO HIGHER RATE FOR ALL PROGRAMS REGISTERED FOR.  
 NONRESIDENT S ARE ONLY ACCEPTED TO FILL UP PROGRAMS 1 WEEK PRIOR TO START OF PROGRAM.

**THE TOWN OF CORTALNDT DOES NOT PROVIDE ACCIDENT INSURANCE.**  
**SEPARATE CHECKS FOR ALL PROGRAMS.**

**MAKE CHECKS PAYABLE TO AND MAIL TO: TOWN OF CORTLANDT RECREATION DEPARTMENT, 1 HEADY STREET, CORTLANDT MANOR, NY 10567**

FOR OFFICE USE ONLY

TR Receipt # \_\_\_\_\_

CC Receipt # \_\_\_\_\_

Deposited \_\_\_\_\_

Date \_\_\_\_\_