

TOWN OF CORTLANDT PRE-SCHOOL AND YOUTH PROGRAM ACTIVITY REGISTRATION FORM

ONLINE REGISTRATION AVAILABLE FOR CORTLANDT RECREATION PROGRAMS: WWW.TOWNOFCORTLANDT.COM/RECONLINE
 PLEASE PRINT CLEARLY; APPLICATION MUST BE COMPLETELY FILLED IN

RPG Last Name _____ RPG First Name _____ RPG DOB _____
(Registered Parent/ Guardian)

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 granting permission for my minor child to participate in any programs sponsored by the Town of Cortlandt, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that this child may be exposed to or infected by COVID-19 by his or her participation. I agree that if he or she is exposed to or infected by COVID-19 during his or her 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 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 my child contracting COVID-19. 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		Grade	Sex	D.O.B.	Activity Name	Total Fee
	Last Name	First Name					
Total Fee							\$

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 _____