

# TOWN OF BEDFORD RECREATION AND PARKS DEPARTMENT RECREATION PROGRAM REGISTRATION FORM

COMPLETE ENTIRE FORM - PLEASE PRINT

Household Name \_\_\_\_\_ Date \_\_\_\_\_

Full Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**EMERGENCY Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

Participant Name (Last, First)	Sex	Grade	DOB	Program Day	Activity #	Activity Name	Fee

**Form of Payment**  Cash  Check  Credit Card **Total Fee \$** \_\_\_\_\_

**General Release** The undersigned hereby releases the Town Of Bedford, its Town Board, Recreation and Parks Department, employees and volunteers thereof, of any responsibilities should an accident or injury occur to the above named participant as a result of participation in the aforementioned program sponsored by the Bedford Recreation and Parks Department. I understand the department may use photos taken during events unless I notify them in writing.

**Participant's Signature** (Parent/Guardian, if under age 18) \_\_\_\_\_

**Mail or bring form with fee to:** Town of Bedford Recreation and Parks Dept.,  
425 Cherry St., Bedford Hills, NY 10507  
914-666-7004

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