



Town of Carmel Recreation and Parks Department

Activity Registration Form

Please Fill Out Form Entirely and Please Print Clearly

() Town of Carmel Resident

() Non Resident

() Family Registration on File

Participant's Name: _____

Sex: () Male () Female

Address: _____

City: _____

Date of Birth: _____ Grade: _____ Age: _____

Telephone#: _____

Emergency Contact Name: _____

Telephone#: _____

Program 1 Name: _____

Program Code#: _____

Program Day(s): _____ Program Time: _____ Program Fee: _____

Program 2 Name: _____

Program Code#: _____

Program Day(s): _____ Program Time: _____ Program Fee: _____

Program 3 Name: _____

Program Code#: _____

Program Day(s): _____ Program Time: _____ Program Fee: _____

Fee Submitted with Registration: Amount _____ Check # _____ Cash _____

(we do not accept cash through the mail; make checks payable to Carmel Recreation & Parks)

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

- I give consent for the above named applicant to participate in the program listed above. I understand I am responsible for transportation to/from Thunder Ridge if participating in the ski/snowboard program.
Many recreational activities involve the possibility of physical injury. The municipality does not hold accident insurance. Such insurance is the responsibility of the individual. I hereby release the Town of Carmel and employees of any liability whatsoever in connection with any damage and/or injuries that the above named person may sustain as a result of participation in the above named program.
A hospital will not provide treatment for a minor, unless accompanied by a parent or guardian. This form will permit your child to be treated, if an emergency situation arises, and we are unable to contact you.
I certify that I/my child have no medical condition and require no medication that would be dangerous in conjunction with these programs.
I certify that I/my child was born on the above date, and is the required age by the first day of class/classes listed above.
There will be no refund if participant is picked up early or asked to leave in the event of a discipline problem.
Any misrepresentation will result in expulsion from class and forfeiture of all fees.

I have read, understand, and agree to the above policy.

Participant's Signature (Parent/Guardian, if under 18)

Date

Please Print Name (Parent/Guardian, if under 18)

Please bring or mail this form, with the appropriate fee to:

Carmel Recreation and Parks Department, 790 Long Pond Road, Mahopac, NY 10541