



Town of Carmel
Recreation and Parks Department

Family Registration Form

Please Fill Out Form Entirely and Please Print Clearly

Registration is required to sign up for activities/classes for yourself and children, for use of the beach, or facility/ball field rentals.

Last Name: _____ E-Mail: _____
Please check this box if you would like to be added to our email list serve
 Address: _____ Town: _____ Zip: _____
 Telephone:(home) _____ (cell) _____ (work) _____

Please list first name (and surname if different from above) for all family members (including yourself) with ages and relationship to applicant (spouse; children who you have legal guardianship of). Parent/Legal Guardian must purchase an ID card, as well as **each participant. Cards are \$6.00 each.**

Name	Birth Date	Age	Relationship	Swim Permit (office use)	Tennis Permit (office use)	I.D.# / S.C. (office use)
				F / A / Y / N	F / I	
				F / A / Y / N	F / I	
				F / A / Y / N	F / I	
				F / A / Y / N	F / I	
				F / A / Y / N	F / I	
				F / A / Y / N	F / I	

Please fill this form out completely. **YOU MUST ATTACH** the following:

- * A copy of a current, valid driver's license
- * A copy of a current utility bill showing the family name (must match name on license) and house address
- * Payment of \$6 for each family member listed; please make checks payable to: Carmel Recreation & Parks (cash not accepted with mail in registration) \$20 returned check fee charge.

NO REFUND FOR I.D. Cards. Cards Are Non-Transferable. No refund for swim or tennis permits after 7 days of issuance. Children, under 12 years of age, must be accompanied by an adult (18 years and over) when in the park. An adult cardholder may have 5 guests on the beach. I HEREBY CERTIFY THAT I AM A TOWN OF CARMEL RESIDENT AND THAT ALL THOSE LISTED ON THIS FORM ARE IMMEDIATE FAMILY, PERMANENT OR SUMMER RESIDENTS, ELIGIBLE DEPENDENTS. I UNDERSTAND THAT MISREPRESENTATION, LENDING I.D., OR DISRUPTIVE BEHAVIOR WILL RESULT IN REVOCATION OF I.D. CARD PRIVILEGES AND FORFEITURE OF FEES.

Signature: _____ Date: _____

Please mail to: Carmel Recreation, 790 Long Pond Road, Mahopac, New York 10541

Office Use () Copy of Driver's License () Copy of utility bill, _____
 () RPS Verification () Fee Paid