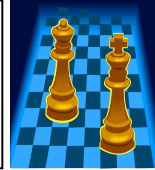




**PUTNAM VALLEY PARKS & RECREATION DEPARTMENT**  
**REGISTRATION FORM**  
 265 Oscawana Lake Rd. Putnam Valley, NY, 10579  
[www.pvpr.com](http://www.pvpr.com) (845-526-3292)



\_\_\_\_\_ Male/Female \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Full Name (Circle one) Date of Birth Age

\_\_\_\_\_ Complete Mailing Address

\_\_\_\_\_ Parent's Primary Email Address (**Important!**) \_\_\_\_\_ Please indicate potential conflict **1 day only** (CCD, etc.)

\_\_\_\_\_ Primary Phone Contacts (please indicate home/work/cell) \_\_\_\_\_ Secondary/Emergency Contact #

\_\_\_\_\_ Program Name \_\_\_\_\_ Fee \_\_\_\_\_

\_\_\_\_\_ Program Name \_\_\_\_\_ Fee \_\_\_\_\_

\_\_\_\_\_ Program Name \_\_\_\_\_ Fee \_\_\_\_\_

*If the participant has a medical condition that could affect or limit their participation please notify the coach as soon as your child is assigned to a team.  
 If the condition would require immediate medical attention you are responsible to have someone present at all times to provide immediate treatment if necessary.*

*I / We, the Parents of the Above-named Participant, Hereby Give My/Our Approval of His/Her Participation in Any and All Parks & Rec. Activities. I / We Assume All Risks and Hazards Incidental to Such Participation, Including Transportation to and from the Activities; and I / We Waive, Release, Absolve, Indemnify and Agree to Hold Harmless the Town of Putnam Valley, the Organizers, Sponsors, Supervisors, Participants, and Parents Transporting My/Our Child(ren) to and from Activities for Any Claim Arising out of Injury to My/Our Child(ren) Whether the Result of Negligence or for Any Other Cause, Except to the Extent and in the Amount Covered by the Accidental or Liability Insurance. I / We Agree to Return Upon Request Any Equipment Issued to My/Our Child(ren) in as Good Condition as When Received Except for Normal Wear and Tear. I / We Agree to Abide by the Rules Set Forth by the Putnam Valley Parks & Recreation Department and its governing body.*

Parent(s) or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Indicate below how you are willing to help (Name) \_\_\_\_\_



**OFFICIAL USE ONLY**

Registration Fee \$ \_\_\_\_\_  
 Paid by: Cash; Check; credit card  
 Address Verified: Yes / No  
 Birth Certificate Verified: Yes / No  
 Verified LEAGUE AGE: \_\_\_\_\_  
 League Rep Initials: \_\_\_\_\_

Receipt # \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_  
 Total Amount Paid \$ \_\_\_\_\_