

For Office Us	e Only:
Amount: \$	
Receipt #:	
Check #:	
Cash: ☐ Yes	□ No

				Cas	II. L 1C5	L NO	
Family (Last) Name:	Home Phone #						
Mailing Address:	Emergency #						
City:	State:	Zip:	6 		Sex: 🗆 F	\square M	
	dent Parks & Recreation Por participant joining a					'ass \$9.00	
	owing information for each p		The state of the state of			legibly)	
PROGRAM TITLE	REGISTRANT NAME	AGE	D.O.B.	GRADE	SHIRT SIZE	COST	
e e							
	;						
ė							
						-	
	TOTAL AMOUNT DUE:						
	ditions, physical limitations,						
affect participation in any g	given program? □ NO □	YES II	yes, plea	se explain:			
	epartment has your permissi		e photos	of the above	participants d	uring the	
programs that they are regi	stered for. \square NO \square YES	3					
Parks & Recreation Pass Guid	lelines: 1) Person must be in posing or otherwise lending passes w	session of	pass to be	allowed Liber	ty Resident privile	eges at all P&l	
period shown. 4) Pass holder ag	grees to abide by all rules and regu	ulations go	verning P&	R facilities, p	rograms, and park	areas. Failur	
to do so may result in the loss of required during the course of the	f privileges. 5) This card must be program at the discrimination of	presented the superv	for registra	tion to any pro	ogram or activity a	and may be	
members of the nuclear family the	hat reside within the same residen	ice. This d	loes not inc	lude the exten	ded family of gran	ndparents,	
charge of \$4.00 at the P&R Office	latives even though they may live ce.	in the sam	ie nousenoi	d. 7) Lost or	stolen cards can t	e replaced for	
Degistration & Defund Police	y All was cases as a circumstical force		J 1	F.11	A 11		
entitled to a full refund in the e	All program registration fees me vent of cancellation, or until the fin, will not entitle any individual or monthly voucher system.	irst day the	e program b	egins. Late e	ntry into, withdraw	wal from, or	
The named individual(s) I Registration & Refund Po	has/have permission in the	above d	lesignate	d program	and I have rea	ad the	
resumment of Hermin I (mey.						
Registrant Signature	or Parent/Guardian Signatur	re for Vo	nth Pogie	trante	Date		
Phone # 845-202-7600				: n r dent@tox			

Phone # 845-292-7690

Fax # 845-292-3588

E-Mail: p.r.dept@townofliberty.org