

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

Family (Last) Name:	ly (Last) Name: Home Phone # ing Address: Emergency #						
Mailing Address:							
City:	State:	Zip:			Sex: 🗆 F 🗆 M		
Note: Fill in the follo	owing information for each p	rogram	you are re	gistering fo	r. (Please print l	egibly)	
PROGRAM TITLE	REGISTRANT NAME	AGE	D.O.B.	GRADE	SHIRT SIZE	COST	
If yes, please fill out the	volunteer for this progran e Town of Liberty Parks & rgency, I give permission fo	Recrea	ation Vol	unteer For	m and submit t	to the office	
are entitled to a full refund in withdrawal from, or limited a	: All program registration fees the event of cancellation, or un attendance in a program, will no be through the Town of Liberty	ntil the fi ot entitle	irst day the any indivi	e program be dual or grou	gins. Late entry	into,	
participant from any program beyond reasonable expectati	& Recreation Board and/or D m due to disciplinary problem ons of the Town of Liberty: d any Recreation program and	s or to a	avoid crea Recreatio	ting a staffin	ng hardship situa nt. We reserve	ation which i	
The named individual(s) Program & Registration/	has/have permission in the Refund Policies.	above (designate	d program	and I have rea	nd the	
Registrant Signature	or Parent/Guardian Signatur	re for Yo	outh Regis	trants	Date		

Phone # 845-292-7690 Fax # 845-292-3588 E-Mail: p.r.dept@townofliberty.org 2016