Registration Form

Village of Nyack - Winter 2016 Recreation Programs

****Please submit separate Registration Forms for each participant****

Participant Name _____
Address _____
City_____ State _____ Zip _____
Phone Number _____
Email _____

Age _____ Grade _____ School _____
Parent/Guardian Name _____
Emergency Contact and Phone _____

Class _____ Time _____Day _____

MEDICAL RELEASE FORM – ADULT AND MINOR

I consent to the participation of myself/my child in the Village of Nyack Recreation Department Activities. I understand that the activities in which I/my child may participate will include, but at not limited to (type of class)_____.

I certify that to the best of my knowledge, and subject to the limitations listed below, I am/my child is physically capable of participating in the activities described above and has the basic skills necessary to participate in the activities so that my/his/her participation will not pose any undue risk to my/his/her health or the health and safety of others.

I certify that I have/my child has the following health conditions which may limit or prevent my/his/her participation in the activities described above:_____.

In the event that all reasonable attempts have been made to contact me or the emergency contact at the phone numbers I have provided above have been unsuccessful, I give my consent to the administration of myself/my child of any medical treatment deemed necessary by a licensed health professional and the transfer of myself/my child to any hospital reasonably accessible. I understand and agree that the Village of Nyack does not assume responsibility for any damage which might arise out of or in connection with such authorized emergency medical treatment.

I certify that I will immediately inform the Village of Nyack Recreation Department if there is any change in the information provided above. I understand that this consent is valid unless revoked by me.

To the fullest extent permitted by law, I/we hereby agree to indemnify, release and hold harmless the Village of Nyack, its trustees, officers, employees, agents and servants from any and all loss, liability, claims, demands, actions, and causes of actions whatsoever arising out of any loss, damage or injury that may occur as a result of the referenced facility use requested herein.

Participant's Name _____Date _____

Signature of Participant or Parent/Guardian _____

- ○ Please consider me for a scholarship
- ○ I am including $_____ extra toward the scholarship fund.

Send Registration Form, Medical Release Form and Payment to:
Nyack Village Hall, 9 North Broadway, Nyack NY 10960
Attn. Recreation Department
Makes checks payable to: **Village of Nyack**