REGISTRATION FORM

WANTED:

Talented, fun, hard-working, trustworthy teens, adults & senior citizens for gratifying, enjoyable employment.
Call the Recreation Office at (914) 967-2535, e-mail us at recreation@ryeny.gov or visit us at Rye Recreation.

REGISTRATION BEGINS

Monday, March 9 at 9:00 a.m.

Please Print

Parents First Name _____ Parents Last Name _____ Email _____

Address _____

City _____ State _____ Zip _____

Phone _____ Home _____ Work _____ Cell _____

Participants Name	Birth Date	Sex	Grade	Program Name, Day, and Time	Fee

All fees are subject to change

Total class fee	
*Voluntary contribution	
Total amount paid	

*****_Voluntary contribution - an opportunity for participants to contribute directly to the overall efforts of Rye Recreation._

As a participant in the above program, I recognize and acknowledge that there are certain risks of injuries, damages or loss which I or my child may sustain as a result of such participation. I further understand that the City of Rye **DOES NOT** provide medical coverage and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the City of Rye, Recreation Department, its officers, agents and employees from any and all claims.

Signature: _____ ____/____/____

Method of Payment

❑ Make Check Payable to "City of Rye"

❑ Charge my Credit Card (circle one)→ MasterCard Visa Discover AMEX

Credit Card number

Expiration Date: _____ / _____ (Month / Year)

Security Code

PRINT Card Holder Name: _____

Card Holder Signature: _____