

Town of Somers
Parks & Recreation Department
P.O. Box 46
Somers, NY 10589

ADULT PROGRAM REGISTRATION FORM

PARTICIPANT INFORMATION

Last Name	First Name	Gender (male/female)
Date of Birth (month / day / year)		
Home Phone		
Cell Phone		
E Mail		
Mailing Address		
Street Address (if different from above)		
Emergency Contact Name	Phone	
Medical problems, daily medications or special needs		

Program Name	Day	Time
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REFUND POLICY: Refunds will be authorized by the program provider only.

As a participant in the above program, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of any injuries, damages or loss which I or my child may sustain as a result of such participation. I further understand that the Town of Somers does not provide accidental medical coverage and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Somers Parks & Recreation, its officers, agents, and employees from any and all claims.

Signature (Parent/Guardian): _____ Date: _____