

THE VILLAGE OF HASTINGS ON HUDSON
RECREATION DEPARTMENT
AFTERSCHOOL REGISTRATION FORM

Child's Name: _____ Phone: _____

Address: _____

Normal School Dismissal Route: _____ Bus# _____ Pick-up _____ Other _____

Teacher: _____ Grade: _____

Class #1: _____ Course Day: M T W TH F

Class #2: _____ Course Day: M T W TH F

Class #3: _____ Course Day: M T W TH F

Required Information

Parent(s) Name: _____ Cell #: _____

Work #: _____ E-mail address: _____

Allergy Information: _____

Afterschool Pick-up Information: Pick-up Walk Home Add Water & Stir Aspire
(Please circle one)

If pick up, who will be the primary pick up person? _____

Emergency Contact Information: (Must be someone other than a parent)

#1 Name: _____ Phone #: _____

In consideration of accepting this registration form, I the undersigned, for myself, my executors, administrators and assignees, do hereby discharge Hastings Recreation Department, and any and all sponsors, organizers and their representatives and successors from all claims and damages, demands, actions and causes of action whatsoever, in any manner arising or growing out of my participation in said program. I further attest that my child is physically qualified to participate in the program.

Parent's Signature

Date

For office Use Only

Method of Payment: Check # _____ Credit _____ Initials _____ Date _____