

**THE VILLAGE OF HASTINGS ON HUDSON  
RECREATION DEPARTMENT**

**AFTERSCHOOL REGISTRATION FORM**

Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Normal School Dismissal Route: \_\_\_\_\_ Bus# \_\_\_\_\_ Pick-up \_\_\_\_\_

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)

Primary Pickup person: \_\_\_\_\_

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

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 \_\_\_\_\_