

PRE-SCHOOL AND YOUTH PROGRAM ACTIVITY REGISTRATION FORM

DO NOT FORGET, ONLINE REGISTRATION NOW AVAILABLE FOR CORTLANDT RECREATION PROGRAMS!
GO TO WWW.TOWNOFCORTLANDT.COM/RECONLINE

PLEASE PRINT CLEARLY • PLEASE NOTE: APPLICATION MUST BE COMPETELY FILLED IN

RPG Last Name _____ RPG First Name _____ RPG DOB _____
(Registered Parent/ Guardian)

Street Address _____ PO Box _____

City _____ Zip _____ Email Address _____

Work Phone # _____ Home Phone # _____

Cell Phone # _____ Cell Phone Mobile Provider _____

Yes, I would like to receive marketing emails from the Cortlandt Recreation Department about new programs, upcoming events, and town news.

Yes, I would like to receive text message alerts from the Cortlandt Recreation Department. *By checking this box, I understand that standard text messaging rates may apply.

Course #	Participants Name		Grade	Sex	D.O.B.	Activity Name	Total Fee
	Last Name	First Name					
Total Fee							\$

By granting permission for my minor child to participate in any programs sponsored by the Town of Cortlandt, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that this child may be exposed to or infected by COVID-19 by his or her participation. I agree that if he or she is exposed to or infected by COVID-19 during his or her participation in any programs sponsored by the Town of Cortlandt, then my heirs, successors, assigns, and I have waived any right to maintain a lawsuit against the Town of Cortlandt for exposure to COVID-19, and my heirs, successors, assigns, and I shall hold the Town of Cortlandt harmless with respect to any damages incurred from my child contracting COVID-19.

I Accept _____

NONRESIDENT S: 20% SURCHARGE TO HIGHER RATE FOR ALL PROGRAMS REGISTERED FOR.
NONRESIDENT S ARE ONLY ACCEPTED TO FILL UP PROGRAMS 1 WEEK PRIOR TO START OF PROGRAM.

THE TOWN OF CORTALNDT DOES NOT PROVIDE ACCIDENT INSURANCE.
SEPARATE CHECKS FOR ALL PROGRAMS.

MAKE CHECKS PAYABLE TO AND MAIL TO: TOWN OF CORTLANDT RECREATION DEPARTMENT, 1 HEADY STREET, CORTLANDT MANOR, NY 10567

FOR OFFICE USE ONLY
TR Receipt # _____
CC Receipt # _____
Deposited _____
Date _____