

# TOWN OF CORTLANDT YOUTH SWIM INSTRUCTION REGISTRATION FORM

ONLINE REGISTRATION AVAILABLE FOR CORTLANDT RECREATION PROGRAMS: [WWW.TOWNOFCORTLANDT.COM/RECONLINE](http://WWW.TOWNOFCORTLANDT.COM/RECONLINE)

PLEASE PRINT CLEARLY; APPLICATION MUST BE COMPLETELY 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.

**INJURY RELEASE:** I agree, or agree on behalf of my minor child, to assume: (i) all risk of personal injury or loss; (ii) bodily injury; and (iii) damage to, loss of, or destruction of any personal property resulting from or arising out of participation in the designated activity. I also release, waive, indemnify, hold harmless, and discharge the Town of Cortlandt from all claims, damages, and injuries arising out of my or my minor child's activities, including my or my minor child's use of equipment and facilities provided by the Town of Cortlandt. By checking "I Accept" line below, you are signing this Agreement. **I Accept** \_\_\_\_\_

**COVID-19 RELEASE:** 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 acknowledge that I have read and fully understand the terms and conditions. By checking "I Accept" line below, you are signing this Agreement. **I Accept** \_\_\_\_\_

**PHOTO RELEASE:** I grant permission to the Town of Cortlandt, on behalf of its agents or employees, to use photographs taken of me on the date and at the location listed below for use in town publications such as brochures and magazines, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on the Town of Cortlandt web site. I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from the related to the use of the photograph. I hereby agree to release, defend, and hold harmless the Town of Cortlandt and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alterations, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution. By checking "I Accept" line below, you are signing this Agreement. **I Accept** \_\_\_\_\_

1st Choice			2nd Choice			Participants Name		D.O.B.	Age	Fee
Course Number	Group Level	Session Number	Course Number	Group Level	Session Number	Last	First			

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

<b>Total Fee</b>	<b>\$</b>
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**MAKE CHECKS PAYABLE TO AND MAIL TO:**  
 TOWN OF CORTLANDT RECREATION DEPARTMENT, 1 HEADY STREET, CORTLANDT MANOR, NY 10567

By signing up for a program through Community Pass and the Town of Cortlandt Recreation Department, you will automatically be enrolled to receive future communications from the Town of Cortlandt. You may opt of these future communications by clicking unsubscribe.

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