

City of White Plains Recreation & Parks



Registration Form

Adult Last Name: _____ First Name: _____

Address: _____ Apt#: _____ City: _____ Zip: _____

Phone#: _____ E-Mail: _____

Emergency Contact Name: _____ Emergency Contact Phone#: _____

Last and First Name	Sex	D.O.B.	GRADE	Program / Membership Name

RELEASE OF LIABILITY: In consideration of your acceptance of myself or that of my child/minor (in my legal custody) for participation in the activities/programs/use of facilities of the City of White Plains, I agree that I am aware of the inherent dangers and risk involved in these activities/programs including bodily injury, which may result from strenuous activity or other causes related to the activities/programs. I agree for myself and/or for my child/minor to release and hold harmless the City of White Plains its officials, officers, agents, employees and volunteers from any against any and all liability, damage or claim of any nature arising out of or in any way related to my participation or that of my child/minor in these activities/programs except those things caused by the sole negligence of the City. I understand that the City of White Plains does not provide accident or medical insurance and I am financially responsible for any and all medical expenses whatsoever that I or my child/minor may incur. I have read, understood and agree with the terms of this release.

Signature of Registrant / Guardian: _____ **Date:** ____/____/____

Make Checks Payable To: The City of White Plains.
*****A \$20.00 fee will be charged for returned checks.*****

Refund Policy: A full refund will be issued for any program cancelled by Recreation & Parks. A refund request because of illness or an accident must be submitted in writing and accompanied by a doctor's note. Refunds will be prorated based on the date received, with a 10% service charge.

For Office Use Only			
Program Fee:	_____	Amount Paid:	_____
Cash: _____	Check #: _____	Credit Card: _____	Received by: _____