



CITY OF MOUNT VERNON, NY

Department of Recreation

Richard Thomas, Mayor
Darren M. Morton, Ed.D., Commissioner
Sylvia Gadson, Deputy Commissioner

| OFFICE USE ONLY | |
|-----------------|----------------|
| CASH: | _____ |
| CHECK #: | _____ |
| MO #: | _____ |
| REC. #: | _____ |
| PROCESS DATE: | ____/____/____ |

REGISTRATION FORM

Please PRINT clearly

CHILD'S NAME:

| | | | |
|--|-------------------------------|--------|--------|
| <input type="checkbox"/> Male <input type="checkbox"/> Female | _____ | _____ | _____ |
| | First | Middle | Last |
| | ____/____/____ | _____ | _____ |
| | Birthdate: M/D/Y (i.e., 1998) | Grade | School |

Please list any allergies, medications, special restrictions or restriction of activities

PARENT / GUARDIAN NAME: _____

ADDRESS: _____

CITY/STATE ZIP

HOME PHONE #: _____ CELL #: _____ WORK #: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT #1: _____ CELL #: _____

EMERGENCY CONTACT #2: _____ CELL #: _____

| REQUESTED ACTIVITIES | PRICE |
|--------------------------|-----------|
| | |
| | |
| | |
| TOTAL AMOUNT DUE: | \$ |

RELEASE OF LIABILITY: I, (name printed below), as parent/guardian or participant, hereby acknowledge, agree, promise, and covenant with and release, discharge and hold harmless the City of Mount Vernon, New York, the Mount Vernon Department of Recreation, its officers, employees, agents, independent contractors, and volunteers on behalf of myself, my child, any minor in my legal custody, or any minor who I have enrolled in a program with the Mount Vernon Department of Recreation, my heirs, assigns, personal representative and estate from any known or unknown, anticipated or unanticipated risks which could result in injury, death, physical or mental illness or disease, or damage to myself, to my property, to spectators, or other third parties.

I assume all risks of participating and/or volunteering in this event. I certify that I (or my child) have been examined by qualified physician and are physically fit to participate in this year's activities. I consent (on behalf of my child for him/her) to receive medical treatment and/or diagnostic procedures, which may be advisable in the event of injury, accident and/or illness during or as a result of this event.

I understand that the Mount Vernon Department of Recreation reserves the right to remove any participant for disciplinary reason. I understand that this event or related activities may be photographed or videotaped. I agree to allow my/my child's photo, video or film likeness to be used for any legitimate purpose by the Mount Vernon Department of Recreation. In the event that a child is withdrawn before the start of a program, a **\$25.00 processing fee will be assessed.**

PARENT / GUARDIAN'S (print): _____

PARENT / GUARDIAN'S SIGNATURE: _____ DATE: _____