



Director of Recreation & Parks
Matthew Chibbaro

TOWN OF PATTERSON RECREATION CENTER

PO Box 278 ~ 65 Front St
Patterson, New York 12563
(845) 878-7200 Fax (845) 878-7232
www.pattersonrec.org

School Year
(i.e. Sept 2015-June 2016)

YOUTH DROP IN FORM (17 AND UNDER)

POKEMON ~ PIZZA NIGHT ~ OPEN GYM ~ OTHER

- Youths are expected to respect themselves, their peers and the staff
- Youths must stay in the areas that are designated for the particular program
- Unacceptable behavior will be corrected immediately or further consequences will occur including suspension or expulsion from the Drop In Programs.
- Follow open gym rules and regulations

Child's LAST Name:	Child's FIRST Name:
Mailing Address:	City, State & Zip
Date of Birth: Age:	Grade: Gender: School:
Telephone:	Parent Email:
Parent #1 Name & Cell #:	Parent #2 Name & Cell #:
Emergency Contact Name:	Emergency Contact Number:

Medical Information

I/my child _____ is in good physical condition and has not had any serious illness or operation since his/her last health examination that would interfere in his/her ability to participate in Patterson Recreation Programs.

Physician Name: _____ Phone: _____

Please list any medical concerns or allergies: _____

Adult-Parent/Guardian - Participant Release Waiver

In consideration for accepting this application I the undersigned, intending to be legally bound for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages I may have against any and all agents, chaperones, employees of the Town of Patterson, and any other sponsors, their representatives, successors and assigns for any and all injuries and/or damage suffered by me/my son/daughter in connection with this activity. My child is in suitable physical condition to participate in the activity specified in my application. In the event of injury I authorize Patterson Recreation to arrange for medical care/transportation to a medical facility at my own expense. However, I understand that Patterson Recreation will not be held liable for any such medical care/transportation.

Signature of Participants Parent/Guardian _____ Date _____

Photograph Permission

I the undersigned give my permission to allow the Patterson Recreation Center to take photographs, photographic images, videotapes, and likenesses of my child so that they may be used in connection with publicity, publications, websites, brochures, flyers, and other promotional activity of the Patterson Recreation Center.

Parent/Guardian Name (please print)

Signature of Parent/Guardian

Date
