Parks Board and Recreation Commission

TOWN BOARD
George Hoehmann, Supervisor

COUNCIL MEMBERS
Frank Borelli Stephanie Hausner
John J. Noto Valerie Moldow

Jo Anne Pedersen
Superintendent of Recreation & Parks
Administration Building | Zukor Park
31 Zukor Road | New City, NY 10956
845.639.6200

ACTIVITY REGISTRATION FORM

☐ CHECK HERE FOR CHANGE OF ADDRESS ☐ CHECK HERE IF ON FILE FOR DATE OF BIRTH

Adult Last Name			First		
Address			City	State	Zip
E Mail					
Phone Home	Work		Emerg.		Cell

Program Code		**Participant's Last Name**	**Participant's First Name**	Age	Sex	Date of Birth	Grade	Activity Name	Fee
									.

Do you require any auxiliary aids? Yes___No____

There will be a charge of $20.00 on all checks returned by a bank. For example: insufficient funds, endorsement missing, endorsement not as drawn, wrong bank, signature, uncollected funds, account closed, payment stopped, post dated, foreign checks not marked "Payable in New York," other.

Make checks payable to:
CLARKSTOWN P.B.R.C.

I hereby certify that I have read all rules and regulations governing programs and facilities I/we have registered for, and agree to abide by all such requirements and restrictions. I further certify that all above information is valid and correct.
I give permission to Clarkstown Parks Board and Recreation Commission to use any pictures/video taken of my family for the Recreation & Parks Brochure or Town website. I verify that under penalty of perjury that my legal and permanent residence listed on this form is located within the Town of Clarkstown and the additional names listed on this form are also permanent residents.

_____
Signature of Participant/Parent/Legal Guardian Date

OFFICE USE

Form of Payment
__Cash __Check #_____
__Visa __Master Card
#_____
Exp.Date _____

TOTAL FEES $ ☐

__Birth Certificate
__Type of Residency

S.I. _____ Date _____
O.C. _____ Date _____