

## Town of Islip Department of Parks, Recreation & Cultural Affairs

### Program/Camp Registration Form

Be sure to check your program information before registering.

**PLEASE SIGN THE WAIVER & PERMISSION SLIP AT THE BOTTOM OF THE PAGE**

**ONE PARTICIPANT PER REGISTRATION FORM - YOU CAN MAKE PHOTOCOPIES FOR ADDITIONAL PARTICIPANTS/PROGRAMS**

Adult/Parent's Name \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
No. Street Town Zip

Home Phone \_\_\_\_\_ Parent # 1 Cell Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Parent # 2 Cell Phone \_\_\_\_\_ Emergency Name \_\_\_\_\_

Participant's Name	Gender	Age	Date of Birth	Program	Activity #	Session Letter Choice				Location/Site	Time	Fee
						1st	2nd	3rd	4th			

**Participant's Grade as of September 2019:** \_\_\_\_\_ You must enclose a copy of the most updated progress report. **ONLY** when registering for a grade specific program.

Medical information (medication, allergies, etc...) \_\_\_\_\_

Birth Certificate on file? Yes \_\_\_\_\_ No \_\_\_\_\_ (if not please enclose a copy, only applies if the registrant is under 18 years of age)

Current Recreation Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Method of Payment    Check \_\_\_\_\_    Cash \_\_\_\_\_    Credit Card \_\_\_\_\_    Total Amount \$ \_\_\_\_\_

Mastercard/VISA Account No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

#### WAIVER & PERMISSION SLIP

In consideration of being permitted to participate in Town of Islip programs the undersigned, for myself, successors, heirs and assigns agree that the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistants and volunteers, or designated appointee or contract vendee may take a photograph image or video graph image of myself/children and publish or print said images in any format whatsoever including publication on the internet, the Town of Islip website or any other form of media, including print media without compensation to the undersigned. The undersigned shall not receive any compensation for their participation in this program or from the use or sale of the media set forth above. I further hereby give permission for the above registered child/children to accompany the Recreation Department on the local trips. I understand that in case of inclement weather some outdoor trips may be canceled. I will have my child/children abide by the rules and policies of the Town of Islip. My consent is given with the understanding that the group will be escorted by recreation staff. The Town of Islip reserves the right to refuse entrance or eject any person whose conduct management deems to be disruptive or in poor taste and will not accept responsibility for damaged or lost personal items. I authorize my child to carry and use over the counter FDA approved sunscreen products and understand they will apply it themselves. In consideration of being permitted to participate in Town of Islip programs, the undersigned, for myself, successors, heirs and assigns releases and forever discharges the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistants and volunteers, or designated appointee or contract vendee, from all losses, claims, damages, actions or judgments I may have or claim to have against the Town of Islip or any party mentioned above, for all personal injuries, including death and injuries to property, whether real or personal, caused by or arising out of my participation in Town of Islip programs. I further agree for myself, successor, heirs and assigns to indemnify and hold harmless the Town of Islip and all parties mentioned above, from all losses, claims, damages, suits, actions or judgments for personal injuries, including death, and damages to property whether real or personal, and from all losses, claims, damages, actions and judgments recovered and from all expenses incurred in defending said claims or suits, including reasonable attorneys fees, costs and disbursements.

Signature of \*Parent/\*Guardian/Registrant \_\_\_\_\_ Date \_\_\_\_\_

(\*Signature of parent/guardian is required if registrant is under 18 years of age)