

Town of Ramapo



Parks & Recreation Department

PROGRAM REGISTRATION FORM

NAME: _____ **EMAIL:** _____

ADDRESS: _____ **ZIP CODE:** _____

HOME PHONE: _____ **CELL/EMERGENCY PHONE:** _____

1.Participant Name: _____ DOB _____ Gender (circle one) M F

Session: _____ Class Name: _____ Class Time: _____ Fee: _____

2.Participant Name: _____ DOB _____ Gender (circle one) M F

Session: _____ Class Name: _____ Class Time: _____ Fee: _____

3.Participant Name: _____ DOB _____ Gender (circle one) M F

Session: _____ Class Name: _____ Class Time: _____ Fee: _____

4.Participant Name: _____ DOB _____ Gender (circle one) M F

Session: _____ Class Name: _____ Class Time: _____ Fee: _____

5.Participant Name: _____ DOB _____ Gender (circle one) M F

Session: _____ Class Name: _____ Class Time: _____ Fee: _____

TOTAL FEES DUE: _____

The Town of Ramapo does not offer accident insurance and I understand that my personal insurance bears primary responsibility in case of accident or injury. I authorize the use of photos for promotional purposes.

Signature

Date