

MARBLETOWN YOUTH AND RECREATION COMMISSION

**PO Box 217, Stone Ridge, NY 12484
845-687-7500 x170 youthandrec@marbletown.net**

GIRLS CLUB REGISTRATION FORM

CHILD'S NAME _____ BIRTHDATE _____

ADDRESS _____ CITY/STATE _____

CELL PHONE _____ BUSINESS PHONE _____

EMAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

INSURANCE INFO _____

Pre-existing medical conditions (e.g. allergies or chronic illnesses)

I hereby give my permission for the above to participate in the program offered by the Marbletown Youth Commission. I give my permission for a licensed physician or licensed first aid person to administer medical aid.

I understand that the Town of Marbletown is not responsible for any injury that occurs during the activities offered by the Marbletown Youth Commission. I am responsible for my own child's medical coverage.

I hereby certify that I understand the Town of Marbletown's rules and policy. I also understand that I may forfeit future admittance to programs if I do not adhere to these policies. I agree to follow all program rules and regulations. Furthermore, I agree to indemnify and hold harmless and defend the Town of Marbletown and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me as a result of participation in this program and use of the Marbletown Community Center.

Please remember that the job of our instructors is to instruct your child in the activities that he/she is participating in. They are not meant to be child care providers. No child (participant or sibling) should be left unattended during our programs. If you need to leave for any reason, please appoint a friend or relative to watch your child and to take him/her home in case of an emergency. Our goal is for your child to have a safe and happy experience.

_____ The Town of Marbletown Recreation Department the right to take photographs of my child and allow them to use such photographs of my child for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

Print Name _____ Date _____

Girls _____ Grades _____ GRADES 4 – 6 _____

I give permission to the following to pick up my child from class in the event a parent is unavailable:

NAME: _____ PHONE NUMBER: _____