

TOWN OF MARBLETOWN
YOUTH AND RECREATION COMMISSION

PO Box 217, Stone Ridge, NY 12484

Email: youthandrec@marbletown.net

www.marbletown.net

845-687-7500 x170

CLASS: _____

NAME _____

ADDRESS _____ CITY/STATE _____

CELL PHONE _____ HOME PHONE _____

EMAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

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

I understand that the Town of Marbletown and Town of Rosendale are not responsible for any injury that occurs during the activities offered by the Marbletown Youth and Recreation Department. I am responsible for my own medical coverage. I give my permission for a licensed physician or licensed first aid person to administer medical aid.

I hereby certify that I understand the Town of Marbletown and Town of Rosendale 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 Town of Rosendale, 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 **Rondout Municipal Center and Marbletown Community Center.**

SIGNATURE _____

(If under the age of 18, Parent/Guardian Signature)

Print Name _____

Date _____

Resident (Town of Marbletown/Rosendale) _____ Non-Resident _____

_____ I give permission for the Town of Marbletown to take photographs and allow them to use such photographs for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.