



Dover Recreation Programs Registration Form
Town of Dover Recreation Department
Astor School
6423 Route 55
Wingdale, New York 12594

Family Last Name: _____ Parents' First Names: _____

Address: _____ Home Phone: _____

Town: _____ State: _____ Zip: _____ Work Phone: _____

Emergency Contact (other than parent): _____

Participant Medical Problems or Allergies, Special Needs or Accommodations:

Family Physician: _____ Phone: _____

**Please note: Non-residents may register for select programs for an additional \$10.00 fee per program*

Participant's First Name	Participant's Last Name	Grade	Birth date	M/F	Program Title	Program Code	Fee
# Of Programs Registered							
Total Fees for Programs		\$					
Non-Resident Fee - \$10.00 per Program		\$					
Total		\$					

Make checks payable to: The Town of Dover **DO NOT MAIL CASH******

I hereby agree to release, discharge and hold harmless, the Town of Dover, its employees, and volunteers from any liabilities that may occur while participating in the recreation program(s) listed above. I understand that participation in any recreation or sport activity may involve risk.

I understand and agree that the Town of Dover Recreation Department reserves the right to suspend a child from a recreation program if that child displays a serious behavior problem that cannot be effectively managed by the program personnel.

Further, I hereby grant permission to any and all of the foregoing to use my child's photos for this publication and on the official Town website; www.TownofDover.us without compensation for publicity use.

Signature of Guardian: _____ **Date:** _____

For Office Use Only (Payment Information)

Cash: \$ _____ Check Amt: \$ _____ Check #: _____ Date Received: _____ Staff Initials: _____