



FISHKILL RECREATION

793 Route 52, Fishkill, NY 12524 ~ tel. 845.831.3371 ~ fax 845.831.3169 ~ www.fishkillrecreation.com

Glenham Elementary

~ In-School Recreation Registration Form ~

Last Name	First Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address		
City	Zip Code	
Current Teacher	Current Grade	

Mother / Guardian 1		
Cell Phone	Daytime Phone	Email
Father / Guardian 2		
Cell Phone	Daytime Phone	Email
Emergency Contact		
Cell Phone	Daytime Phone	Email

Doctor's Name	
Allergies	Medications
Special Notes	

Program(s) Attending:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
---------------------------------	----------------------------------	------------------------------------	-----------------------------------	---------------------------------

List of **Any and All Persons** (*more than 3 are allowed*) who will be picking up child from the program, **including parents**:

1)	Phone
2)	Phone
3)	Phone

For Office Use Only

Paid	Check No.	Cash	Date
------	-----------	------	------



FISHKILL RECREATION

793 Route 52, Fishkill, NY 12524 ~ tel. 845.831.3371 ~ fax 845.831.3169 ~ www.fishkillrecreation.com

Check the box for the school your child attends:

Brinkerhoff Elementary Fishkill Elementary Glenham Elementary

Please COMPLETE AND RETURN the following mandatory waivers.

As a **parent/legal guardian of a participant** in the programs listed, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or loss that I sustain as a result of such participation. I further understand that the Town of Fishkill does not provide accidental medical coverage, and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, employees, and representatives of the Town of Fishkill from any and all claims.

I also hereby grant permission for my child to be transported and treated in the event of a medical emergency if I cannot be reached.

Printed Name	Date
Signature	

As a **parent/legal guardian of** _____, I give my permission to Fishkill In-School Recreation Program to ***access my child's school medical records in case of an emergency.***

Printed Name	Date
Signature	