



FISHKILL RECREATION

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



WOMEN'S SOFTBALL 2010

REGISTRATION FORM

First Name _____ Last Name _____

Address _____

Town _____ Zip _____

Home Phone _____ Cell Phone _____

Sex: (M) (F) DOB: _____ Age _____ Grade _____ Shirt Size _____
(not all programs get shirts)

Email _____

Emergency Contact Name: _____ Phone _____

As a participant in the program 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 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.

Signature _____ Date _____

<i>For office use only:</i>	
<i>Paid</i> _____	
<i>Check #</i> _____	<i>Cash</i> _____
<i>Receipt #</i> _____	<i>Date</i> _____