



Dover Recreation Programs Registration Form Located at the Community Center in Boyce Park

Mailing Address: 126 East Duncan Hill Road

Dover Plains, New York 12522 (845) 832-9168 (845)832-3286

Family Last Name: _____ Parents' First Name: _____

Address: _____ Home Phone: _____

Town: _____ State: _____ Zip: _____ Cell Phone: _____

Emergency Contact (other than parent): _____

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

First Name	Last Name	Grade	Birth Date	M/F	Activity Title	Fee

Release of Liability

I agree to pay in full the amount specified on my receipt from the department. I also understand that past due payments can be collected through a third party agency. In consideration for being permitted by the above department to participate voluntarily in the above activity, I hereby waive, agree to release, and discharge any and all claims for damages for personal injury, death or property damage, which I may have, or which hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance, the Town, including its officers, employees, agents, co-sponsors or volunteers, from any and all liability even though that activity may arise out of ordinary negligence or carelessness on the part of the persons or entities mentioned above now and forever. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the Town, including its officers, employees, agents, co-sponsors or volunteers, free and harmless from any loss, liability, cost, or expense which they feel may incur as a result of my death or any injury to myself or property damage that I may sustain while participating in said activity now and forever. I understand that no medical insurance is provided.

# of Activities Registered	
Total Fees for Activities	
Non-Resident Fee -\$10.00 per Activity	
Total	

Guardian's Signature: _____ Date: _____

Photo, Web, and DTV22 Release

I hereby additionally consent to my children, as listed above, participation in Town sponsored events and authorize the Town to photograph and/or video tape said activities for use in Town newsletters, on the Town website and for broadcast on Cablevision Municipal Access Channel 22 with the same terms as stated above, outlining my own participation, now and forever.

Guardian's Signature: _____ Date: _____ Email: _____

For Office Use Only (Payment Information)

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