

REGULAR REGISTRATION FORM

NORTH CASTLE RECREATION AND PARKS DEPARTMENT REGISTRATION FORM

Grade _____
Name _____ Birth Date _____ Sex _____
Address _____
City _____
Home Phone _____ Program _____
Office Phone _____ Program Number _____
Cell Phone _____ Day/Session _____
Email _____

I hereby release the Town of North Castle, its Councilmen, Employees and Volunteers of any liability whatsoever in connection with any damages and/or injuries I or the person named above may sustain as a result of participation in the programs of the Town of North Castle sponsored by the Town of North Castle Recreation and Parks Department.

Parent's Signature _____

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**CUT OUT CARDS.
ATTACH CHECK.
NO STAPLES.**

**PLEASE READ
REGISTRATION
INFORMATION
CAREFULLY
BEFORE FILLING
OUT THE
REGISTRATION
CARDS!!!**

**USE 1 CARD
PER PERSON
PER CLASS AND
1 CHECK PER
PERSON PER CLASS.**

**YOU WILL BE NOTI-
FIED BY RETURN
RECEIPT IF YOU ARE
ACCEPTED INTO
THE PROGRAM.
PLEASE DO NOT
CALL THE OFFICE!
REMEMBER TO FILL
OUT THE NAME OF
THE PROGRAM,
PROGRAM NUMBER,
DAY AND SESSION
OF PROGRAM
AND SIGN!!**