

Town of North Castle Recreation & Parks Department Activity Registration Form

Parent Name _____ Email _____

Full Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Registration Information (Please Fill Out Completely)

Participant Name	Sex M/F	D.O.B.	Grade	Program Name	Program #	Fee

*If paying by check, please submit one for **each program**.
 *Please familiarize yourself with our refund policies as printed in our brochure before registering for programs!

TOTAL DUE \$ _____

Online registration available at <https://recreation.northcastleny.com>

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 persons names 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 & Parks Department. I authorize the Town of North Castle to use my photo and those of the individuals listed above for non-commercial purposes in Town media.

Parent Signature _____

Date ____ / ____ / ____

Method of Payment

☐ Check(s) ☐ Cash ☐ Credit
(For internal use only)

☐ MasterCard ☐ Visa ☐ Amex

Card Number

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Expiration Date

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Security Code (on front or back)

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Billing Zip Code

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Card Holder Signature _____

Date _____