

Town of North Castle Recreation and Parks Department Activity Registration Form

Last Name: _____ Email: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Registration Information (Please fill out completely)

Participant Name	Sex M/F	Birth Date	Grade	Program Name	Program #	Fee
*If paying by check, please submit one for each program .					Total Due:	
*Please familiarize yourself with our refund policies as printed in our brochure before registering for programs!						

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 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 & 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
 CASH
 CREDIT

(for internal use only)

VISA
 MASTERCARD
 AMEX

CARD NUMBER: _____ EXP. DATE: _____

SECURITY CODE (ON BACK): _____ BILLING ZIP: _____

CARDHOLDER SIGNATURE: _____ DATE: _____

Hergenhan Recreation Center 40 Maple Avenue Armonk, NY 10504 914-273-3325 Fax: 914-273-2139
North Castle Community Center 10 Clove Road North White Plains, NY 10603 914-946-3244
North Castle Town Pool 3 Greenway Road Armonk, NY 10504 914-273-3275