



**Town of Bedford Recreation**  
**PROGRAM/SENIOR TRIP REGISTRATION FORM**  
**COMPLETE ENTIRE FORM - PLEASE PRINT**

Household (Last) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Best Contact Phone # \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Participant Name (Last if different, First)	Sex	Grade	DOB	Program Day	Activity/Trip #	Activity/Trip Name	Fee

**Payment:**  Cash  Credit Card  Check: *payable to: Town of Bedford* **Total Fee \$** \_\_\_\_\_

**General Release** The undersigned hereby releases the Town Of Bedford, its Town Board, Recreation and Parks Department, employees and volunteers thereof, of any responsibilities should an accident or injury occur to the above named participant as a result of participation in the aforementioned program sponsored by the Bedford Recreation and Parks Department. I understand the department may use photos taken during events unless I notify them in writing.

**Participant's Signature** (Parent/Guardian, if under age 18):

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please mail this form with payment to:**

425 Cherry Street  
Bedford Hills, NY 10507  
914.666.7004