



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