

Village of Hastings-on-Hudson Recreation Department

ACTIVITY REGISTRATION FORM

Name: _____ **Sex:** M _____ F _____

Address: _____

Phone #: (____) _____ **D.O.B:** ____/____/____

Email Address: _____

Please place a checkmark next to any activity in which you will participate:

Program: Chair Yoga (11 a.m. to noon Tuesdays and Thursdays) _____

Program: Senior Sneakers (11 a.m. to noon Mondays) _____

Program: Aerobics (11 a.m. to noon Wednesdays) _____

Program: Tai-Chi (11 a.m to noon Fridays) _____

For 2023-2024, we will be charging 3 months at a time. For the above activities, there will be a fee of \$30 per season. You will only be required to fill out this form when you join the first time beginning September 2023.

In consideration of your accepting this registration form, I the undersigned, for executors, my administrators, assignees and myself, do hereby discharge the Hastings-on-Hudson Recreation Department, all its sponsors, organizers, and their representatives and successors from all claims of damage demands, action and causes of actions whatsoever, if any manner arising or growing out of my participation in said program. I further attest that my child is physically qualified to participate in the program.

Signature: _____ **Date:** _____

For Office Use ONLY:

Payment Rec'd: _____

Date: _____

Initials: _____