TOWN OF AMENIA

4988 Route 22, AMENIA, NY 12501
(845) 373-8118, Ext. 105 Fax (845) 373-9147

AMENIA RECREATION BABE RUTH/CONNIE MACK REGISTRATION FORM

Child's Last Name: _____ **First Name:** _____

Grade: _____ **Shirt Size:** _____ **Date of Birth:** _____

Address: _____

Home Number: _____ **E-mail:** _____ **Cell Number:** _____

Parent's Name(s) _____/_____

Emergency Contact _____ **Physician:** _____ **Phone:** _____

Participant Medical Problems or Allergies, Special Needs or Accommodations:

SELECT ONE:

_____ **Babe Ruth: Registration Fee: $30.00 Amenia Resident/ $40.00 NON-Amenia Resident**

_____ **Connie Mack: Registration Fee: $40.00 Amenia Resident/ $50.00 NON-Amenia Resident**

Release of Liability

I agree to pay in full the amount specified on my receipt from the department, I also understand that the past due payments can be collected through a third party agency. In consideration for being permitted by law the above department to participate voluntarily in the above activity, I hereby waive, agree to release and discharge any and all claims for damages for personal injury, death or property damage which I many have, or which hereafter accrues to me, as a result of participation in said activity. This release is intended to discharge in advance the Town, including its officers, employees, agents, co-sponsors or volunteers, from any and all liability even though that activity may rise out of an ordinary negligence or carelessness on the part of the persons or entities mentioned above now and forever. If it is to be binding on heirs and assigns, I agree to indemnify and to hold the Town, including its officers, employees, agents, co-sponsors or volunteers, free and harmless from any loss, liability, cost or expense which they feel may incur as a result of death or any injury to myself or property damage that I may sustain while participating in said activity now and forever. I understand that no medical insurance is provided.

Parent/Legal Guardian Signature: _____ **Date:** _____

I hereby additionally consent to my children, as listed above, participation in Town sponsored events and authorize the Town to photograph and/or video tape said activities for the use in Town Newsletters, on the Town Website and for broadcast on Cablevision Municipal Access Channel 22, with the same terms as stated above, outlining my participation, now and forever.

Parent/Legal Guardian Signature: _____ **Date:** _____

VOLUNTEERS NEEDED: Are you available to Coach/ Asst. Coach/ Help, if yes, what night for practice? _____

For Office Use Only (payment information)

Cash _____ **Check** _____ **Date Received** _____ **Staff Initial** _____

Assigned to Team _____ **Coach** _____