VILLAGE OF IRVINGTON
NEW YORK

INCORPORATED 1872

DEPARTMENT OF RECREATION AND PARKS
71 Main Street • Irvington, New York 10533
(914) 591-7736 • Senior Citizens Center: (914) 591-7786 • Fax: (914) 591-7110
Website: www.irvingtonny.gov

Joseph D. Archino
Superintendent Parks and Recreation
Email: jarchino@irvingtonny.gov

Recreation and Parks Advisory Board
Robert Munigle, *Chairman*
Michael Glantz, *Vice Chairman*
Flo Audevard
Jim Brennen
Norah Clarke
Noreen Degnan
Andrew Harrison
Larry Lonky
Vic Serricchio

Registration Form for Youth Programs, Trips & Special Events

Name of Program:_____ Day:_____ Amount:$_____

Participant's Name: _____ Grade:_____ Age: _____ Gender: ☐ F ☐ M

Address: _____ Village/Town:_____ Zip:_____

Home Phone #:_____ Emergency #: ( )_____

Date of birth:_____ School:_____

Residency (check one): Irvington Resident ☐ School District ☐ Non-Resident ☐

E-mail address: _____ Cell Phone #:_____

Please list any allergies or medical conditions that we may need to know:

_____

Checks payable to: "Village of Irvington"

Please note: Fees are not refundable except in cases where a class is closed for lack of sufficient registration. The student assumes the risk of all changes in personnel and business affairs.

Parent hold harmless release for all recreation programs participants under 21 years of age. We, the parent(s) of_____ hereby give our approval to his/her participation in any and all activities conducted as part of this program by the recreation department of the Village of Irvington, NY. We assume all risks and hazards incidental to such participation including transportation to and from such activities and we hereby waive, release, absolve, indemnify and agree to hold harmless the Village of Irvington any sponsors, supervisors, participants, corporation owners of any premises involved in conducting the activities, from and against any and all claims and/ or causes of action arising out of any injury to our child.

Parents/Guardian Signature: _____ Date:_____

For office use only: Date:_____ Fee:_____ Receipt #_____