

**ACTIVITY REGISTRATION FORM**

**(PLEASE PRINT AND FILL OUT COMPLETELY)**

Adult Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Emergency Name \_\_\_\_\_ (Telephone) \_\_\_\_\_

Elementary School Area (Check one):     Increase Miller     Meadow Pond     Katonah

**RESIDENT STATUS:**  Town of Lewisboro Resident

**(Check one)**     Katonah/ Lewisboro School District    **Email** \_\_\_\_\_

Participant Name Last	First	Sex	Age	D.O.B.	Activity Number	Activity Name	Grade	Fees

**Form of Payment:**     CASH     CHECK    **NO REFUND POLICY**    **TOTAL FEES: \$** \_\_\_\_\_

Make checks or money orders payable to **TOWN OF LEWISBORO**

**By Mail:**

Town of Lewisboro  
Parks & Recreation Dept.  
99 Elmwood Road  
South Salem, NY 10590

**GENERAL RELEASE:** The undersigned hereby releases the Town of Lewisboro, its Town Board, Parks and Recreation Department, employees and volunteers thereof, of any responsibility should an accident or injury occur to the afore named participant as a result of participation in the aforementioned program sponsored by the Lewisboro Parks and Recreation Department.

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_