



**Town of Bedford Recreation  
PROGRAM REGISTRATION FORM**  
**COMPLETE ENTIRE FORM - PLEASE PRINT**

Household (Last) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Participant Name (Last if different, First)	Sex	Grade	DOB	Program Day	Activity #	Activity Name	Fee
							\$
							\$
							\$
							\$

**Form of Payment**    **Cash**    **Check**    **Credit Card**  
**Make checks 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):

\_\_\_\_\_ Date \_\_\_\_\_

**Please bring/mail this form with payment to:**

Town of Bedford  
Recreation and Parks Department  
425 Cherry Street  
Bedford Hills, NY 10507  
914.666.7004