



**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