



Town of Wappinger Recreation 2017 Spring & Summer Tennis Program Registration

Town of Wappinger
Recreation
20 Middlebush Road
Wappingers Falls, NY 12590
845-297-0720
Townofwappinger.us

Location:	Pye Lane Courts		
Attendees:	Town of Wappinger residents, non-residents ages 6-adult		
Fee:	\$60.00/Child or Adult Session		
	\$75.00/Child or Adult Session Non-Resident		
Payment:	Cash, money order or check payable to "Town of Wappinger"		
Instructor:	Barry Casowitz		
Session:	Spring	Mon-Wed-Fri 6/12, 6/14, 6/16, 6/19, 6/21, 6/23	
		<u>5:00-6:00 pm</u>	<u>6:00-7:00 pm</u>
		Ages 6-9	Ages 10-13
			<u>7:00-8:00 pm</u>
			Ages 14 up
	Summer 1	Mon-Wed-Fri 6/26, 6/28, 6/30, 7/3, 7/5, 7/7	
	Summer 2	Mon-Wed-Fri 7/10, 7/12, 7/14, 7/17, 7/19, 7/21	
	Summer 3	Mon-Wed-Fri 7/24, 7/26, 7/28, 7/31, 8/2, 8/4	

Kids Clinic Ages	Class Time	Students Per Class
Beginner 6 - 8 years	8:00 a.m. to 9:00 a.m.	8 Students
Beginner 9 - 11 years	9:00 a.m. to 10:00 a.m.	8 Students
Beginner 12 - 13 years	10:00 a.m. to 11:00 a.m.	8 Students
Intermediates 13-15 years	11:00 p.m. to 12:00 p.m.	8 Students
Adult Evening Clinic		
Intermediate Ages 14 up	7:00 p.m. to 8:00 p.m.	4 Students



What you will need to register:

1. One completed application for each person being registered.
2. Proof of residency. Please bring a driver's license and a utility bill (electric, phone, cable, oil, sanitation) to validate residency.
3. Proof of age. Please bring a copy of your child's birth certificate.
4. Form of payment: cash, money order or check payable to "Town of Wappinger"

Sports Programs Refund Policy

Our sports programs run throughout the year. With varying start dates, this progressive refund policy allows for a full refund up to 14 days prior to the program start. A 50% refund would be granted up to 7 days prior to the program start. Each refund would be subject to a 5% processing fee. After that time (six days before program start), there will be NO refunds.

Payee Acknowledgement: _____

2017 Summer Tennis Program

Please read **BEFORE** filling out. \$60.00/Child & adult-resident, \$75.00/Child & adult Non- Resident

Select session(s)

<input type="checkbox"/> Spring 6/12, 6/14, 6/16, 6/19, 6/21, 6/23	<input type="checkbox"/> Session 1 6/26, 6/28, 6/30, 7/3, 7/5, 7/7	<input type="checkbox"/> Session 2 7/10, 7/12, 7/14, 7/17, 7/19, 7/21	<input type="checkbox"/> Session 3 7/24, 7/26, 7/28, 7/31, 8/2, 8/4
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Child's Name:	D.O.B:	Age:
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Last	First	Middle
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Address:

No. Street	Town	State	Zip code
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School Attending:	Grade:
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Mother's Name:	Father's Name:
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Home #:	Home #:
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Cell #:	Cell #:
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Email:	Email:
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In the event of an emergency and neither parent can be reached please list 2 local emergency contacts:

Name:	Phone #:	Cell#
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Relationship:	Address:
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Name:	Phone #:	Cell#
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Relationship:	Address:
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Name of Family Physician:	Phone:
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Medical Insurance and ID Number:

Medical Information: Please check and list specifics.

<input type="checkbox"/> Allergies	<input type="checkbox"/> Heart Disease/Defect	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Chronic Illness
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Bleeding/Clotting	<input type="checkbox"/> Drug Allergies
<input type="checkbox"/> Asthma	<input type="checkbox"/> Behavioral Problems	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Other

Specifics	<p>Office Use Only Date: _____</p> Rec'd by: _____
	Residency checked: _____
	Birthdate checked: _____
	Payment amount: _____

**TOWN OF WAPPINGER RECREATION
CAMP REGISTRATION PARENT/GUARDIAN CONSENT FORM**

I certify that the above information is up to date and accurate. I will notify the camp director of any changes with the above information. I hereby give my permission to allow my son/daughter:

_____ to participate in and attend camp: _____

sponsored by the Town of Wappinger Recreation Department.

I acknowledge the risk of illness and injury inherent in participating in any recreational activities, including, but not limited to, summer camp programs and related transportation activities. I hereby allow my child to participate in said program upon the express agreement and understanding that I, as parent and / or natural guardian of said child, hereby waive and release, for myself, and / or my heirs, executors and administrators, any claims for damages I may have against the Town of Wappinger, or the Town of Wappinger Recreation Department, its agents, employees or designees acting on behalf of the Town of Wappinger, for any and all injuries suffered by my child in the regular and ordinary course of my child's participation in such program.

I understand that the Town of Wappinger does not provide accidental medical coverage insurance and I agree to provide my own medical insurance coverage or pay for such costs in the event of injury resulting from participation in such activities.

I hereby give permission to the Town of Wappinger Recreation Department or its agents, employees, or duly designated agent(s) to administer emergency medical care to my child in my absence in the event of injury.

Child's Medical Information: _____

Parent/ Guardian name: _____

Parent/Guardian signature: _____ Date: _____

Address: _____

Emergency Phone Number: _____

Circle appropriate response:

I [**do**] [**do not**] give my permission to allow any photographs taken of my child's participation in said program to be used in informational literature about the Town of Wappinger Recreation Department.

Parent/Guardian signature: _____ Date: _____