

Youth Drop-In Programs

Town of Patterson



Patterson Recreation

Dedicated to serving the residents of the Greater Patterson area with integrity, stewardship and innovation meeting their needs for an assortment of well-rounded recreational programs

PO Box 278
65 Front Street
Patterson, NY 12563

www.pattersonny.org

845-878-7200
845-878-7232 fax

Who: Youth up to age 17

What: This is a basic form and agreement to register your youth for a plethora of our growing "Drop-In" programs. Once in the system, they can be signed in and out of drop in program such as:

- Kidz Club
- Pizza Night
- Girlz Club
- Child Care during Adult Exercise Classes
- Pokemon Club
- More that will be developed

Where: Patterson Recreation Center

When: As indicated on specific club fliers

How: This form must be brought in person by a parent or guardian, WITH the youth and photo proof of age and identity must be presented for the youth

Notes:

- "Drop-In" programs are filled on a first come first served basis
- Youth 12 and up will sign themselves "in" & "out" of Open Gym
- A parent or guardian **MUST** sign the youth "in" & "out" of all other "Drop-In" programs unless they are signed up in advance for that day's club program

Guidelines for Expected Behavior:

- Youth are expected to respect themselves, their peers and the staff
- Youth must stay in the areas that are designated for the particular program
- Unacceptable behavior will be corrected immediately or further consequences will occur including suspension or expulsion from the Drop-In Programs

Tear off, complete & return to become eligible for Youth "Drop-In" Programs

Participant Last Name Participant First Name Middle Initial Participant Email Address

Participant Street Address Town State Zip

Date of Birth / / Age Sex School if currently a student Grade Physician Name & Phone

Parent #1 Name Parent #2 Name Additional Emergency Contact Name & Number

Parent #1 Home Phone Parent #1 Work Phone Parent #1 Cell Phone Parent #1 Email

Parent #2 Home Phone Parent #2 Work Phone Parent #2 Cell Phone Parent #2 Email

In consideration for accepting this application I the undersigned, intending to be legally bound for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages I may have against any and all agents, chaperones, employees of the Town of Patterson and any other sponsors, their representatives, successors and assigns for any and all injuries and/or damage suffered by me/my son/daughter in connection with **Youth Drop-In Programs**. My child is in suitable physical condition to participate in the activity specified in my application. I will list any medical concerns or allergies on the back of this form. In the event of injury I authorize Patterson Recreation to arrange for medical care/transportation to a medical facility at my own expense. However, I understand that Patterson Recreation will not be held liable for any such medical care/transportation. I agree that any letters, art projects and photos taken during the program are the property of Patterson Recreation and as such can be used for display purposes and promotional campaigns.

List allergies & medical concerns – use on back for more space

Parent/Guardian Signature

Date