

Village of Briarcliff Manor Recreation Department  
3 Library Road, Briarcliff Manor, NY 10510  
Phone: (914) 941-6560 ~ Fax: (914) 944-2748



# Snow Tubing Trip

in partnership with New Castle Recreation and Parks Dept.  
Tuxedo Ridge, Tuxedo Park, NY.

## Tuesday, February 21<sup>st</sup>



**ELIGIBILITY:** All Current Youth Center Members

**ITINERARY:** 9:00 am Drop off at the Youth Center  
9:30 am Depart for Tuxedo Ridge Ski Area  
11:30 am-2:00 pm SNOW TUBING (with Lunch Break)  
3:00 pm Return to Youth Center -- Parents pick up at the Youth Center

**FEE:** \$40.00 - Includes supervision, bus transportation and tubing session.

**PLEASE NOTE:** Additional money for lunch and snacks are the responsibility of the individual.

**REGISTRATION:** Registration begins immediately, and will be accepted on a first-come first-served basis until **Thursday, February 16th**. **Space is limited, so register early!** Complete the form below and return it with the payment to the Recreation Department. Refunds will not be given, unless the program is canceled due to insufficient registration or inclement weather.

**SPACE IS LIMITED, SO REGISTER EARLY!**

**Youth Center ~ Snow Tubing ~ February 21, 2012**

**Fee: \$40.00** (Activity #: 1509 sec. 6)

**NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

The undersigned hereby recognizes that there are inherent risks involved with participation in this program and agrees to release and hold harmless the Village of Briarcliff Manor, Tuxedo Ridge LLC., and its employees and volunteers, of any liability whatsoever in connection with any damages and/or injuries that the above named person may sustain as a result to participation.

In the event of injury, I give my permission for the individuals named above to be taken to a hospital; for treatment to include the evaluation of injury, x-ray and needed medical care. I, the undersigned, understand that I will be responsible for all the costs for the medical care of my child and myself.

E-Mail Address: \_\_\_\_\_  
(For receipt/Dept. purposes only)

\_\_\_\_\_  
Signature of Parent or Guardian

**METHOD OF PAYMENT:**  CASH  CHECK # \_\_\_\_\_  MasterCard / VISA \*\*

Checks payable to: **Village of Briarcliff Manor** (\$20 fee for returned checks). **\*\* Credit Card information below is shredded after processing.**

**DATE:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_ **RECEIPT#:** \_\_\_\_\_

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**Credit Card #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Cardholder Signature:** \_\_\_\_\_