

Village of Briarcliff Manor Recreation & Parks Department  
**YOUTH CENTER REGISTRATION FORM**  
**2010-2011**

**Membership Fee: \$20 for year membership**

**Renewing 2009-2010 Members, check here: \_\_\_\_\_**

Participant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 2010-2011 Grade: \_\_\_\_\_ School: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Emergency Contacts: (please provide two local contacts – not parents)

1. Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospitalization Insurance : Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical Concerns: List any Allergies, Asthma, Diet/Activity Restrictions, Recent Illnesses/Surgery or any other medical conditions  
\_\_\_\_\_

Is the above named participant taking any medications? \_\_\_\_\_ If yes, please list the types below . . .  
\_\_\_\_\_

I, the undersigned, understand and acknowledge that there are certain risks inherent in Youth Center programs and I agree to assume the full risk of any personal injury or damage or loss to personal property, which my child, named above, may sustain as a result of participation. I further understand that the Village of Briarcliff Manor does not provide accidental medical coverage and that it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Village of Briarcliff Manor, the Department of Recreation & Parks, their officers, agents, volunteers and employees from any and all claims.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Parent/ Guardian

I have read, understand, and agree to abide by the Participation Guidelines of the Briarcliff Manor Youth Center.

\_\_\_\_\_  
Youth Center Participant Signature

**Would you be interested in serving on the Briarcliff Manor Youth Center Social Committee: Yes No**

Activity # 1500 Sec. 5-12 DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ RECEIPT # : \_\_\_\_\_