

**Town of Shawangunk Recreation Program
P.O. Box 247 - 14 Central Avenue
Walkkill, New York 12589
845-895-2611**

**2016/2017 Winter Youth Recreation Program Registration
December 13th – February 23rd
Town of Shawangunk Residents - \$95.00
Non – Residents - \$105.00**

Name: _____ Age: _____

Address: _____

Boy: _____ Girl: _____ Shirt Size: Youth _____ Adult _____

Telephone No: Home _____ Work _____ Cell _____

E-mail Address _____

If not available in an emergency, please contact:

Name: _____ Phone: _____

Please be aware of the following medical restrictions, and or afflictions of my child:

Please make checks payable to: ***Town of Shawangunk Recreation***

Name: _____ Phone: _____

Check No: _____ Cash: _____

Shawangunk Resident _____ **Non-Resident** _____

**TOWN OF SHAWANGUNK RECREATION DEPARTMENT
P.O. BOX 247
WALLKILL, NY 12589**

2016/2017 WINTER RECREATION PROGRAM

WAIVER

I understand that the TOWN OF SHAWANGUNK provides secondary insurance coverage only for Recreation and Winter Youth Recreation Program participants. My own health insurance is considered the primary carrier.

I also understand that the TOWN OF SHAWANGUNK and the employees of the Town's Recreation Program are not responsible for accidents that might occur while the WINTER RECREATION PROGRAM is in progress.

Participants Name: _____

Parent/Guardian _____

Insurance Carrier _____

Date _____