



# Town of Islip Department of Parks, Recreation & Cultural Affairs

Angie M. Carpenter, Supervisor  
Thomas Owens, Commissioner

## Program Registration Form

*Be sure to check your program information before registering.*

### ONE PARTICIPANT PER REGISTRATION FORM – YOU CAN MAKE PHOTOCOPIES FOR ADDITIONAL CHILDREN/ PROGRAMS

Adult/Parent's Name \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_  Please check box for e-Alerts

Address \_\_\_\_\_  
 No. \_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent # 1 Cell Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Parent # 2 Cell Phone \_\_\_\_\_ Emergency Name \_\_\_\_\_

| Participant's Name | Gender | Age | Date of Birth | Program | Activity # | Session Letter Choice |     |     |     | Location/Site | Time | Fee |
|--------------------|--------|-----|---------------|---------|------------|-----------------------|-----|-----|-----|---------------|------|-----|
|                    |        |     |               |         |            | 1st                   | 2nd | 3rd | 4th |               |      |     |
|                    |        |     |               |         |            |                       |     |     |     |               |      |     |

**Participant's Grade as of September 2024:** \_\_\_\_\_ **You must enclose a copy of the most updated progress report ONLY when registering for a grade specific program.**

Medical information (medication, allergies, etc.) \_\_\_\_\_

Immunization Records attached

Birth Certificate on file? Yes \_\_\_\_\_ No \_\_\_\_\_ (if not, please enclose a copy - only applies if the registrant is under 18 years of age)

Current Recreation Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ (*make checks payable to: Town of Islip*) Credit Card \_\_\_\_\_ (*2.65% + \$0.25 service fee to be applied*) Total Amount \$ \_\_\_\_\_

Mastercard/VISA Account No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

**MAIL TO: TOWN OF ISLIP, 50 IRISH LANE, EAST ISLIP, NY 11730**

#### **WAIVER & PERMISSION SLIP - Please date and sign below**

In consideration of being permitted to participate in Town of Islip programs the undersigned, for myself, successors, heirs and assignees agree that the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistants and volunteers, or designated appointee or contract vendee may take a photograph image or video graph image of myself/children and publish or print said images in any format whatsoever including publication on the internet, the Town of Islip website or any other form of media, including print media without compensation to the undersigned. The undersigned shall not receive any compensation for their participation in this program or from the use or sale of the media set forth above. I further hereby give permission for the above registered child/children to accompany the Recreation Department on the local trips. I understand that in case of inclement weather some outdoor trips may be canceled. I will have my child/children abide by the rules and policies of the Town of Islip. My consent is given with the understanding that the group will be escorted by recreation staff. The Town of Islip reserves the right to refuse entrance to or remove any person whose conduct is disruptive or in poor taste and will not accept responsibility for damaged or lost personal items. This Program may be canceled at any time, without cause at the discretion of the Commissioner of the Department of Parks, Recreation and Cultural Affairs. I authorize my child to carry and use over the counter FDA approved sunscreen products and understand they will apply it themselves. In consideration of being permitted to participate in Town of Islip programs, the undersigned, for myself, successors, heirs and assignees releases and forever discharges the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistants and volunteers, or designated appointee or contract vendee, from all losses, claims, damages, actions or judgments I may have or claim to have against the Town of Islip or any party mentioned above, for all personal injuries, including death and injuries to property, whether real or personal, caused by or arising out of my participation in Town of Islip programs. I further agree for myself, successor, heirs and assignees to indemnify and hold harmless the Town of Islip and all parties mentioned above, from all losses, claims, damages, suits, actions or judgments for personal injuries, including death, and damages to property whether real or personal, and from all losses, claims, damages, actions and judgments recovered and from all expenses incurred in defending said claims or suits, including reasonable attorneys fees, costs and disbursements.

Signature of Registrant/\*Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

(\*Signature of parent/guardian is required if registrant is under 18 years of age)

Updated 7/24