

# 2019 Facility & Activity Registration Form

3 Palisades Credit Union Park Drive • Pomona, NY 10970  
 Phone: (845) 357-6100 Fax: (845) 357-6184



<b>Name:</b>	Last:	First:
<b>Full Address:</b>	Street:	City, State, Zip:
<b>Phone #s:</b>	Home: (    )	Cell: (    )
<b>Email:</b>		
<b>Emergency Contact:</b>	Name:	Phone: (    )

## Pool & Tennis ID Cards

<u>POOL ID CARDS:</u>							
Cardholder's Name	Date of Birth	Gender	Tennis	OPTION A	OPTION B	OPTION C	Fee

## Swimming Instruction

Participant's Name	Date of Birth	Gender	Class Name	Code/Sec	Fee

Makes checks payable to: **Town of Ramapo**

**Total Fees:** \_\_\_\_\_

There will be a \$20 fee imposed on all checks returned by the bank for any reason.

There are no membership refunds once a facility has opened or activity refunds once program has begun.

The Town of Ramapo does not offer accident insurance and my personal insurance bears' primary responsibility in case of an accident. I authorize the use of photos for promotional purposes. I hereby affirm that the information I have entered on this form to be truthful and accurate.

\_\_\_\_\_  
 Signature Required  
 Signature of Parent/Guardian if under 18 years of age

\_\_\_\_\_  
 Date