

REGISTRATION FORM

Follow these 4 easy steps to register!

- Step 1 Complete the registration form below. Be sure to include day, date & time of the activity for which you are registering . Be sure to include work, home and cell phone numbers where you can be reached if necessary.
- Step 2 Write a check or money order payable to the "City of Rye". If paying by credit card, please make sure all the credit card information is filled out completely including date of expiration and security code.
- Step 3 Mail or stop in with the registration form completed. Rye Recreation is located at 281 Midland Avenue, Rye, NY 10580. Office hours are Monday through Friday, 9:00 - 5:00 p.m.
Mail-in or Walk-in registrations received prior to the registration date will be accepted and put aside for processing at the end of the first day of registration. Please note that this could result in a particular program being filled prior to your application being processed.
- Step 4 **On-line registrations NOW being accepted for many programs!! Log onto www.ryeny.gov/recreation.htm** and visit our recreation page. There will be a link to programs available for on-line registrations. There is a nominal fee charged for this service. Registering on-line gives you immediate confirmation of class enrollment.

Please Print

| | | |
|------------------|-----------------|-------|
| Payer First Name | Payer Last Name | Email |
| Address | | |
| City | State | Zip |
| Home Phone | Work | Cell |

| Participants Name | Birth Date | Sex | Grade | Program Name, Day, and Time | Fee |
|--|------------|-----|-------|-----------------------------|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| All fees are subject to change | | | | | Total class fee |
| <small>* Voluntary contribution - an opportunity for participants to contribute directly to the overall efforts of Rye Recreation.</small> | | | | | *Voluntary contribution |
| | | | | | Total amount paid |

As a participant in the above program, I recognize and acknowledge that there are certain risks of injuries, damages or loss which I or my child may sustain as a result of such participation. I further understand that the City of Rye **DOES NOT** provide medical coverage and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the City of Rye, Recreation Department, its officers, agents and employees from any and all claims.

Signature: _____ / ____/____

Method of Payment

- Make Check Payable to "City of Rye"
- Charge my Credit Card (circle one) → MasterCard Visa Discover AMEX

Credit Card number

| | | |
|--|------------------------------|---------------|
| | Expiration Date: ____ / ____ | |
| | Month / Year | Security Code |

PRINT Card Holder Name _____

Card Holder Signature _____