



John Rooney
Superintendent of Recreation

TOWN OF EAST HAMPTON

159 Pantigo Road
East Hampton, New York 11937
Office: (631)324-2417
Fax: (631)324-3085

Youth Recreation

9th – 12th Grade

When: Every Saturday

Time: 5 – 9pm

Place: East Hampton Middle School

Register: Parks & Recreation Department & E.H. Middle School

www.ehamptonny.gov



Town Of East Hampton

Waiver of Liability

PLEASE FILL IN ALL INFORMATION BELOW!!!!!!

As parent/guardian for _____
(name(s) of child/children enrolling)

I hereby grant permission for his/her participation in the "EAST HAMPTON Program" sponsored and administered by the TOWN OF EAST HAMPTON.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in permitting my child's/children's participation, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting with the program as well as its elected and appointed officials, harmless from liability resulting from, my child's/children's participation in the program.

Names of children:

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Grade: _____	Grade: _____	Grade: _____	Grade: _____
Age: _____	Age: _____	Age: _____	Age: _____

Address: _____ Program: _____
Telephone #: _____ Cell Phone: _____
Child's School: _____ Parent's E-mail: _____
Date: _____ Parent/Guardian Signature: _____
Parent/Guardian Name PRINTED: _____