



John Rooney
Superintendent of Recreation

TOWN OF EAST HAMPTON

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East Hampton, New York 11937
Office: (631)324-2417
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Winter Recreation 2019

Who: K – 6th Grade

Where & When **Please Check Which Location**
() John Marshall School - February 19th -22nd
() Montauk School – February 19th – 22nd

Time: 9am to 12pm
Please pick up promptly!!!

Fee: Free

Registration: Parks & Recreation Department, Montauk Playhouse
or on the first day of the program

*****PLEASE BRING A LITE SNACK*****

www.ehamptonny.gov

Please sign up with **NOTIFY ME** on the East Hampton Town website. Select “Recreation” under the “Calendar” category to receive Recreation Program Information throughout the year.

Town of East Hampton

Waiver of Liability

PLEASE FILL IN ALL INFORMATION BELOW

As parent/guardian for _____
(names(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.

Name(s) of child/children:

Sex: _____ Male _____ Female	Sex: _____ Male _____ Female	Sex: _____ Male _____ Female	Sex: _____ Male _____ Female
Grade: _____	Grade: _____	Grade: _____	Grade: _____
Age: _____	Age: _____	Age: _____	Age: _____

Address: _____ Program: _____

Telephone #: _____ Cell Phone: _____

Child's/Children's School: _____ Parent's E-mail: _____

Date: _____ Parent/Guardian Signature: _____

Parent/Guardian Name PRINTED: _____