



**TOWN OF PATTERSON
RECREATION CENTER**

Recreation Director
Matthew Chibbaro

PO Box 278
65 Front St
Patterson, New York 12563
(845) 878-7200 Fax (845) 878-7232
www.pattersonny.org

Membership Form

Personal Information

Cardholder Name: _____ Age: _____ Birth Date: _____
Phone Home: (____) ____ - _____ Work: (____) ____ - _____ cell: (____) ____ - _____
Address: Street _____ City: _____ Zip: _____
Email Address: _____ Town of Residence: _____ School District: _____
Parents/Guardians Names: _____
*Emergency Contact (must be someone other than member or parent): Name: _____ Phone :(____) ____ - _____

Medical Information

I and or my child _____ is in good physical condition and has not had any serious illness or operation since I/his/her last health examination that would interfere in I/his/her ability to participate in the Patterson Recreation Programs. There is a current physical on file at school. Health insurance is absolutely mandatory.

Family Physician: _____ Phone: (____) ____ - _____
Pediatrician: _____ Phone: (____) ____ - _____
Medical Insurance Carrier: _____ Policy #: _____
Any Medical Concerns we should be aware of: yes /no please List: _____

Age Verification

License/Permit#: _____ Passport#: _____ Birth Certificate: _____ Other: _____

Membership Options

(Please Circle Your Choice)

Patterson Resident	Single	\$ 45	Non-Resident Member	Single	\$ 70
Patterson Resident	Family	\$ 80	Non-Resident Member	Family	\$140
Student	Individual	\$ 25	Student	Individual	\$ 35
Card Replacement		\$ 10	Card Replacement		\$ 10
Guest Fee-must be accompanied by member		\$ 5	Guest fee		\$ 5
Seniors – No charge			Seniors – No charge		

Signatures

In consideration for accepting this application I the undersigned, intending to be legally bound for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages I may have against any and all agents, chaperones, employees of the Town of Patterson and any other sponsors, their representatives, successors and assigns for any and all injuries and/or damages suffered by me/my son/daughter in connection with this activity. I/ My child are in suitable physical condition to participate in the activity specified in my application. In the event of injury I authorize Patterson Recreation to arrange for medical care/transportation to a medical facility at my own expense. However I understand that Patterson Recreation will not be held liable for any such medical care/transportation.

Signature of Participants Parent/Guardian: _____

Office Use Only:

Application Date: _____ Signature: _____

Photo Taken: YES NO Cash: _____ Check #: _____

Document Verification:

Drivers License#: _____ Birth Certificate#: _____ Other Document/Number: _____