



2019 Town of Washington Recreation Millbrook Lacrosse Club

TOWN OF WASHINGTON RECREATION COMMISSION PROGRAM ELIGIBILITY and ADMINISTRATION OF FEES The Town Recreation programs are generously supported by taxes levied by the Town of Washington, not the School District. For the purposes of administering program fees, there are two categories of residency. Town of Washington Resident (TOWR) – Resides within the boundaries of the Town of Washington. (Non- Resident)Resides OUTSIDE the boundaries of the Town of Washington.

OUTSTANDING BALANCES: Must be paid in full before participation in subsequent programs will be allowed. If experiencing financial challenges, please call the Recreation Office to set up a payment plan. This information is considered confidential.

REFUNDS/CREDITS: In the event a program is cancelled, a full refund will be issued to all registered participants. Refunds also may be given, at the request of a participant, up to one week prior to the start of a program. A \$25 administrative fee will be deducted from the refund for all programs. If refunds are requested after a program has begun, refunds will be issued at the discretion of Recreation personnel.

Deadline:

Fees: Resident \$ 175, Non-Resident \$ 200

Please see above to determine if you are considered a resident/nonresident.

1) In order to participate, please fill out the registration form in its entirety. A copy of your US Lacrosse membership must be submitted with this registration form. Information on membership is listed below. Your registration will not be complete until both registration and USA membership forms are submitted to our office.

Checks payable to: T.O.W. Recreation: Mail To: PO BOX 667 Millbrook NY, 12545

2) Teams will be divided by grade levels. Please note; you may only play up. You can not play down a grade.

3) The season runs from Beginning of May- Mid June.

4) Teams will practice one or two times a week, and will have games on primarily weekends.

5) Coaches will contact participants mid-March through email or they will call the main number you listed on the registration form.

6) Please note: The Town of Washington Recreation does not run this program, and our staff will not be on site during games. Our teams are a part of the Hudson Valley Lacrosse. We will continue to enforce our philosophy and code of conduct amongst our teams.

7) All registrations are due January 15, 2018. Late registrations will be accepted through January 31, 2018 with a \$25 late fee per child, **if spots are still available by Feb 15th.**

8) Please note checks and credit cards will be processed after 1/2/2019.

9) All participants must register directly with US Lacrosse at www.uslacrosse.org Click on membership and select the tab that says renew or join. No child will be allowed to practice or participate in games until this process is complete. **Attach proof of registration to this form.**

2019 Millbrook Lacrosse Club

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Name(s)	DOB	US Lacrosse #	Grade	Division	Boy/Girl
			2/3/4	U10	
			2/3/4	U10	
			5/6	U12	
			5/6	U12	
			(6)/7/8	U14	
			(6)/7/8	U14	

***** PLEASE NOTE ALL TEAMS MUST HAVE 14 PARTICIPANTS IN ORDER TO FORM A TEAM.**

PARENT/GUARDIAN NAME: _____

MAILING ADDRESS: _____

TOWR/MCSDR PHYSICAL ADDRESS: _____

PLEASE CHECK ONE: RENT OWN PROPERTY

I DO FULLY UNDERSTAND THAT I MUST BE A RESIDENT OF THE MILLBROOK SCHOOL DISTRICT AND/OR THE TOWN OF WASHINGTON, OR OWN PROPERTY WITHIN THE TOWN OF WASHINGTON TO PARTICIPATE IN THESE PROGRAMS. IF, AT A LATER TIME, IT IS FOUND THAT I AM NOT A RESIDENT, OR DO NOT OWN PROPERTY WITHIN THE TOWN, I MAY BE REQUIRED TO FORFEIT ALL PAYMENTS FOR PROGRAMS TO THE TOWN OF WASHINGTON AND WILL NOT BE ABLE TO PARTICIPATE. _____ INITIAL HERE

SELECT ONE: Town of Washington Resident Non Resident

*see cover page for explanation

TELEPHONE: (____) _____ CELL: (____) _____

FAMILY EMAIL ADDRESS: _____

EMERGENCY NAME & TELEPHONE #: _____

WOULD YOU LIKE TO COACH OR ASSIST _____

SPECIAL NEEDS/MEDICAL CONCERNS & ALLERGIES _____

Receipt: [Office Use Only]

**TOWN OF WASHINGTON RECREATION COMMISSION
RELEASE & CONSENT FORM
(PAGE 2 OF 3)**

LAST NAME _____
EMERGENCY NAME AND TELEPHONE # _____

RELEASE/HOLD HARMLESS

AS IN ANY RECREATIONAL ACTIVITY, THERE ARE SOME INHERENT RISKS, AND INJURY MAY OCCUR. I HEREBY RELEASE AND DISCHARGE THE TOWN OF WASHINGTON, ITS AGENTS, EMPLOYEES, AND APPOINTED OFFICIALS, VOLUNTEERS, COMMISSIONS OR ASSOCIATIONS FROM ANY AND ALL CLAIMS OR ACTIONS FOR LOSSES, DAMAGES OR PERSONAL INJURIES TO MYSELF OR MY CHILD WHICH MAY OCCUR OR ARISE OUT OF MY OR MY CHILD'S PARTICIPATION IN ANY OF THE TOWN OF WASHINGTON RECREATION COMMISSION PROGRAMS OR ACTIVITIES IN WHICH I HAVE REGISTERED.

I DO ALSO REALIZE THAT THERE IS NO MEDICAL INSURANCE COVERAGE OFFERED THROUGH THE TOWN. ALL MEDICAL INJURIES THAT MAY OCCUR ARE THE SOLE RESPONSIBILITY OF THE PARTICIPANT/PARENT/GUARDIAN.

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

I AUTHORIZE THE PROGRAM DIRECTOR/INSTRUCTOR TO GRANT CONSENT FOR EMERGENCY MEDICAL TREATMENT, DIAGNOSTIC TESTS AND PROCEDURES, ANESTHESIA, HOSPITAL CARE AND MEDICAL AND SURGICAL TREATMENT TO BE RENDERED TO MYSELF/CHILD UNDER THE GENERAL OR SPECIAL SUPERVISION AND ADVICE OF A PHYSICIAN WHEN EFFORTS TO CONTACT YOU OR YOUR EMERGENCY CONTACT ARE IMPOSSIBLE OR IMPRACTICAL.

NAME OF PARTICIPANT: _____ Date: _____

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN: _____

PHOTO RELEASE

THE RECREATION DEPARTMENT HAS MY PERMISSION TO USE MY OR MY CHILD'S PHOTOGRAPH PUBLICALLY TO PROMOTE THE RECREATION DEPARTMENT. I UNDERSTAND THAT THE IMAGES MAY BE USED IN PRINT PUBLICATIONS, ONLINE PUBLICATIONS, PRESENTATIONS, WEBSITES, AND SOCIAL MEDIA.

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN: _____



CREDIT CARD PAYMENT AUTHORIZATION

Amount: \$ _____ please charge for the following:

- | | |
|--|--------------------------------|
| ● Dog License | ● Recreation Fees \$ _____ |
| ● Hunting License
(Include Copy of
Driver's License) | ● Pool Pass (Season Pass Only) |
| ● Transfer Station | ● Building Permit Application |
| ● Town/County
Property Tax | ● Marriage License |
| | ● Genealogy Search |

Account #: _____

Expiration Date: ____/____

3 Digit Security Code: _____

Billing Zip Code: _____

(Located on the back of card)

Card Holder Name: _____

(Exactly as it appears on card)

Billing Address: _____

Phone: () _____

Signature: _____

Date: _____

By signing this authorization form you allow the Town of Washington to charge your credit card a one-time fee for the purpose indicated above. **Credit card transactions are charged an additional fee of \$1.95 up to \$80.00 and 2.45% if over \$80.00.**

NOTES: Please specify what department and program you are paying for: _____

