



COMMUNITY EDUCATION/ADULT RECREATION CLASSES MAIL-IN REGISTRATION

Make checks payable to: Huntington Parks and Recreation

COMPLETE ONE FORM PER PERSON. PLEASE PRINT.

NAME _____ DOB ____/____/____

STREET _____ TOWN _____ ZIP _____

REC/GOLF ID CARD # _____

TELEPHONE (HOME) _____ (CELL/OTHER) _____

EMAIL _____

ACT. # _____ COURSE TITLE _____ SCHOOL _____ FEE _____

ACT. # _____ COURSE TITLE _____ SCHOOL _____ FEE _____

ACT. # _____ COURSE TITLE _____ SCHOOL _____ FEE _____

ACT. # _____ COURSE TITLE _____ SCHOOL _____ FEE _____

ACT. # _____ COURSE TITLE _____ SCHOOL _____ FEE _____

MAIL TO: Huntington Parks and Recreation Department
Attention: ADULT EDUCATION
100 Main Street
Huntington, NY 11743

WAIVER FOR PARTICIPANT: In consideration of your accepting this registration, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages, I or my child may have against the Parks and Recreation Department, Town of Huntington and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

Signature _____ Date _____