

**FLORAL PARK RECREATION  
SESSION II WINTER/SPRING 2019**

**V.F.P. 2018/2019 LEISURE PASS REQUIRED AT REGISTRATION**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF EMERGENCY OTHER THAN SELF**

NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**ADULT PROGRAMS**

**AEROBICS**

PLEASE CIRCLE THE PROGRAM OF YOUR CHOICE

Babysitting (Days only) YES / NO – if yes please fill out additional form.

**DAYS:** (FEE \$90.00) First Class January 21st

Monday, Wednesday, & Friday

8:30 – 9:30 AM or 9:45 – 10:45 AM

**NIGHTS:** (FEE \$65.00) First Class January 21<sup>st</sup>

Monday & Wednesday

8:00 – 9:00 PM

PROGRAM FEES ARE NON-REFUNDABLE  
(CHECKS PAYABLE TO: INC VILLAGE OF FLORAL PARK)

I UNDERSTAND AS THE PATRON INDIVIDUALLY, AND/OR ACTING ON BEHALF OF ENROLLED IN FULL THAT I SHALL BE LIABLE FOR ANY PROPERTY DAMAGE AND /OR PERSONAL INJURY (CAUSED BY A MEMBER, GUEST OR ANY OTHER PERSONS) AT THE VFP RECREATION CENTER OR DURING ANY ACTIVITY, FUNCTION, ARRANGED OR SPONSORED EVENT. IT IS MY OBLIGATION TO PAY FOR ANY COSTS INVOLVED UPON PRESENTATION OF A STATEMENT THEREOF. PARTICIPATION IN ANY AND ALL ACTIVITIES, FUNCTIONS, ARRANGED OR SPONSORED EVENT SHALL BE AT SUCH PERSON'S OWN RISK. I AGREE THE INC. VILLAGE OF FLORAL PARK, THE VFP RECREATION CENTER, EMPLOYEES, AND RESIDENTS SHALL NOT BE LIABLE FOR ANY INJURIES OR DAMAGE TO SUCH PERSONS, OR THE PROPERTY OF SUCH PERSONS, OR BE THE SUBJECT TO ANY CLAIM, DEMAND, INJURY, ACTIONS OR CAUSES OF ACTION OR DAMAGES, AND I HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD THEM HARMLESS FROM ANY CLAIM. I ALSO ACKNOWLEDGE READING AND AGREE TO THE POLICIES AND RULES OF THE VFP RECREATION CENTER AS THE PREREQUISITE TO PARTICIPATE IN THE PROGRAM. I AGREE THAT ANY PHOTOS TAKEN DURING THIS PROGRAM MAY BE USED AT THE RECREATION DEPARTMENT'S DISCRETION.

I (First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Proof: 2018/2019 V.F.P. Leisure Pass or 2018 Resident Pool Pass Cash or Check

Recreation Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt No. \_\_\_\_\_