

**FLORAL PARK RECREATION  
SESSION I FALL 2021**

**V.F.P. 2020/2021 LEISURE PASS OR 2021 POOL 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 Sept 20  
Monday, Wednesday, & Friday

8:30 – 9:30 AM or 9:45 – 10:45 AM

**NIGHTS:** (Fee \$65.00) First Class Sept 20  
Monday & Wednesday

7:00 PM – 8:00 PM

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

I understand as the patron individually 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 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, including those caused by bacteria or virus, 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 at the prerequisite to participation in any activity, function, arranged or sponsored event. I acknowledge that I am physically fit to participate in such events. I agree that any photos taken during this event program may be used at the discretion of the Recreation Center.

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

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

Proof: 2020/2021 V.F.P. Leisure Pass or 2021 Resident Pool Pass Cash or Check

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