

**VILLAGE OF FLORAL PARK
RECREATION DEPARTMENT
2023**

Baby Sitting Services

OPEN TO INC. VFP CHILDREN AGES 2 TO 6
FOR THOSE PARENTS WHO HAVE ENROLLED IN THE "AM" AEROBICS CLASS

Currently enrolled in the following class: AM 8:30 – 9:30 AM 9:45 – 10:45

AEROBIC'S PARTICIPANTS NAME: _____

CHILD'S Name _____ Date of Birth _____
(LAST) (FIRST)

CHILD'S Name _____ Date of Birth _____
(LAST) (FIRST)

EMERGENCY CONTACT OTHER THEN ENROLLED

Guardian's Name _____ Telephone # _____

Name, Address, and Phone Number of family physician: _____

Childs likes or interests: _____

1. Are there any conditions medical which the Recreation Department should be aware of in order to plan an appropriate program? Please Specify below:

2. Does your child have any allergies? (YES) (NO) Specify _____

3. Does your child take medications which the Recreation Department should be aware of ?

Specify: _____

5. Does your child wear glasses / hearing aids? _____

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, 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 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 AM THE ENROLLED PARTICIPANT AND WILL REMAIN IN THE CLASS WHILE THE CHILD IS WITH THE BABYSITTER. I UNDERSTAND I AM RESPONSIBLE FOR THE CHILD'S BEHAVIOR AND THAT THE CHILD WILL REMAIN WITH THE BABYSITTER AT ALL TIMES.

Parents Signature: _____ Date _____

Proof: 2022/2023 V.F.P. Leisure Pass or 2022 Resident Pool Pass

Recreation Employee Signature: _____ Date: _____ Receipt No. _____