

**Town of Stony Point Recreation
5 Clubhouse Lane Stony Point, NY
Registration Form**

Child/Participant_____

ADDRESS_____

DOB_____ Age_____ Grade_____

TELEPHONE_____ CELL _____

EMAIL_____

Emergency Contact_____ Phone_____

Program: Swim Lessons FEE \$ 125.00

Session: _____ 10am or 6pm

PLEASE MAKE CHECKS PAYABLE TO: Town of Stony Point

** I hereby give consent for my child to participate in the program indicated.

I give permission for pictures to be taken of my child

_____Yes _____No

Signature of Participants Parent/Guardian_____

Any questions call Karenanne Nigro at (845) 947-5261 or email knigro@townofstonypoint.org