

School: \_\_\_\_\_  
Grade as of 9/18 \_\_\_\_\_

Start Date: \_\_\_\_\_



THOMAS M. ROACH  
Mayor

YOUTH BUREAU  
OFFICE OF THE MAYOR  
11 Amherst Place • White Plains, NY 10601  
(914) 422-1378 • Fax (914) 422-6489

Frank Williams  
Exec. Director

INSTITUTE FOR HEALTH & WELLNESS  
**SUMMER HEALTH & FITNESS CAMP**  
**REGISTRATION FORM**

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Home phone \_\_\_\_\_

Home address \_\_\_\_\_ Apt.# \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parents or Guardians:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Mother's work number: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_

Mother's employer: \_\_\_\_\_ e-mail \_\_\_\_\_

Father's work number: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Father's employer: \_\_\_\_\_ e-mail \_\_\_\_\_

Mandatory: contact person other than self: In case of emergency, please notify:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Other names & #'s to call: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**RELEASE OF LIABILITY**

In consideration of your acceptance of my child or minor in my legal custody, (print name) \_\_\_\_\_, and their participation in the After School Program, I hereby waive and release any and all claims for myself, for my child, or minor in my legal custody against the City of White Plains and the City of White Plains School District, or the officers, employees, agents, volunteers or other representatives of either of them, or any persons working under either of their direction or engaged in the conduct of either of their affairs, arising out of any accident, illness, injury, damages or loss or harm to/or incurred or suffered by my child or minor in my legal custody, or to his or her property resulting from the participation of my child or minor in my legal custody in the **Youth Bureau Program**.

\_\_\_\_\_  
**Signature of parent or legal guardian**

\_\_\_\_\_  
**Date**