



## **TOWN OF SHAWANGUNK YOUTH RECREATION PROGRAM**

**BOYS & GIRLS      AGES 6-13**

Instructional guidance playing basketball,  
soccer, kickball, etc.

**SEASON BEGINS NOV. 28 - FEB. 6**  
(Follows W.C.S.D. Schedule)

**Tuesdays and Thursdays 6:00 - 7:30 pm at the  
Wallkill Middle School**

Town of Shawangunk Residents - \$85.00  
Non-Residents - \$95.00

**REGISTRATION: Tuesday, Nov. 14, 2017  
5:00 - 6:30 pm at the  
TOWN OF SHAWANGUNK TOWN HALL  
14 CENTRAL AVENUE - WALLKILL, NY**

For more information, or if interested in being a coach,  
please contact:

Lisa at 845/531-9785  
(or)  
Marci at 845/674-3025



**Town of Shawangunk Recreation Program  
P.O. Box 247 - 14 Central Avenue  
Walkkill, New York 12589  
845-895-2611**

**2017/2018 Winter Youth Recreation Program Registration  
November 28th – February 6th  
Town of Shawangunk Residents - \$85.00  
Non – Residents - \$95.00**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Boy: \_\_\_\_\_ Girl: \_\_\_\_\_ Shirt Size: Youth \_\_\_\_\_ Adult \_\_\_\_\_

Telephone No: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

If not available in an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please be aware of the following medical restrictions, and or afflictions of my child:

\_\_\_\_\_  
\_\_\_\_\_

Please make checks payable to: ***Town of Shawangunk Recreation***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Check No: \_\_\_\_\_ Cash: \_\_\_\_\_

**Shawangunk Resident** \_\_\_\_\_ **Non-Resident** \_\_\_\_\_

**TOWN OF SHAWANGUNK RECREATION DEPARTMENT  
P.O. BOX 247  
WALLKILL, NY 12589**

***2017/2018 WINTER RECREATION PROGRAM***

**WAIVER**

I understand that the TOWN OF SHAWANGUNK provides secondary insurance coverage only for Recreation and Winter Youth Recreation Program participants. My own health insurance is considered the primary carrier.

I also understand that the TOWN OF SHAWANGUNK and the employees of the Town's Recreation Program are not responsible for accidents that might occur while the WINTER RECREATION PROGRAM is in progress.

Participants Name:\_\_\_\_\_

Parent/Guardian\_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Date \_\_\_\_\_