



**Recreation Director**  
Matthew Chibbaro

**TOWN OF PATTERSON  
RECREATION CENTER**

PO Box 278  
65 Front St  
Patterson, New York 12563  
(845) 878-7200 Fax (845) 878-7232  
www.pattersonny.org

**Membership Form**

**\*Personal Information\***

Cardholder Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Phone Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Address: Street \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Town of Residence: \_\_\_\_\_ School District: \_\_\_\_\_  
Parents/Guardians Names: \_\_\_\_\_  
\*Emergency Contact (must be someone other than member or parent): Name: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**\*Medical Information\***

I and or my child \_\_\_\_\_ is in good physical condition and has not had any serious illness or operation since I/his/her last health examination that would interfere in I/his/her ability to participate in the Patterson Recreation Programs. There is a current physical on file at school. Health insurance is absolutely mandatory.

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Pediatrician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Any Medical Concerns we should be aware of: yes /no please List: \_\_\_\_\_

**\*Age Verification\***

License/Permit#: \_\_\_\_\_ Passport#: \_\_\_\_\_ Birth Certificate: \_\_\_\_\_ Other: \_\_\_\_\_

**\*Membership Options\***

(Please Circle Your Choice)

Patterson Resident	Single	\$ 45	Non-Resident	Single	\$ 70
Patterson Resident	Family	\$ 80	Non-Resident	Family	\$140
Patterson Resident	Student	\$ 25	Non-Resident	Student	\$ 35
Guest Fee		\$ 5	Guest Fee		\$ 5
Seniors – No charge			Seniors – No charge		

**\*Signatures\***

In consideration for accepting this application I the undersigned, intending to be legally bound for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages I may have against any and all agents, chaperones, employees of the Town of Patterson and any other sponsors, their representatives, successors and assigns for any and all injuries and/or damages suffered by me/my son/daughter in connection with this activity. I/ My child are in suitable physical condition to participate in the activity specified in my application. In the event of injury I authorize Patterson Recreation to arrange for medical care/transportation to a medical facility at my own expense. However I understand that Patterson Recreation will not be held liable for any such medical care/transportation.

Signature of Participants Parent/Guardian: \_\_\_\_\_

**Office Use Only:** Application Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Photo Taken: YES NO

Document Verification: Drivers License#: \_\_\_\_\_ Birth Certificate#: \_\_\_\_\_ Other Document/Number: \_\_\_\_\_

Office Use Only: Amount: \_\_\_\_\_ Cash: OR Check #: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Receipt# \_\_\_\_\_ Received Initial: \_\_\_\_\_ Entered Initial/Date: \_\_\_\_\_

As of: 5/24/2012

Office Use Only: Amount: \_\_\_\_\_ Cash: OR Check #: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Receipt# \_\_\_\_\_ Received Initial: \_\_\_\_\_ Entered Initial/Date: \_\_\_\_\_ Theatre Camp 2012