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TOWN OF PUTNAM VALLEY PARKS & RECREATION

Tactical Laser Tag League Registration Form

Name _____

Email _____

Address _____

Phone # _____

Team Info (are you a free agent or member of 4-person team) _____

Team Name & Members (no more than 4)

Liability Emergency Medical Release

I hereby give my permission for my child to participate in the town sponsored Putnam Valley Parks & Recreation Tactical Laser Tag Program. I certify that he/she is physically fit and that I will not hold PVPR or its agencies and/or representatives liable for any accidents and/or injuries incurred during the course of the season. I give my personal consent to have my child transported to any emergency facility if injury is sustained. I also consent to any treatment, surgery, diagnostic procedure or the administration of anesthesia that may be deemed necessary based on the medical judgment of the attending physician. PVPR will not tolerate abusive language or any type of misconduct at any of its functions. Failure to follow the rules and regulations as well as this Parent's Pledge will result in the suspension and possible expulsion of the participant from the League.

PARENT/GUARDIAN

SIGNATURE _____ DATE _____