



New Rochelle  
**Recreation**

**KIDZ KAYAKING**  
REGISTRATION FORM

Participant's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade: \_\_\_\_ Gender: M F

Please Select (X) Day

TUESDAY \_\_\_\_\_

THURSDAY \_\_\_\_\_

June 28, July 5, 12,19,26 and August 2

June 30, July 7,14,21,28 and August 4

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Preferred Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact Person and Relationship: \_\_\_\_\_

Emergency Contact's preferred Phone #: \_\_\_\_\_

Please indicate any restrictions, modifications or special needs of your child that staff should be made aware:

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

I hereby give my consent for my child to participate in the KIDZ KAYAKING program. While every precaution will be taken to safeguard my child, it is understood that I release New Rochelle Parks and Recreation, City of New Rochelle, and its sponsoring agents from all responsibility, in case of accident or illness, including COVID-19 related illness while participating in this program.

**THIS WAIVER IS REQUIRED IN ADDITION TO THE LLBEAN SPECIFIC LIABILTY WAIVER - ATTACHED.**

I hereby give New Rochelle Parks and Recreation permission to use photographs/video taken pertaining to the KIDZ KAYAKING program.

**X** \_\_\_\_\_  
Signature of Parent/Guardian Date

PICK-UP AUTHORIZATION – The following person is authorized to pick-up this participant.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Please make checks payable: City of New Rochelle – Recreation for mailed or in person submissions: 515 North Ave., New Rochelle, NY 10801

RETAIN YOUR **RECEIPT** AS CONFIRMATION OF REGISTRATION, PROGRAM POLICIES & ADDITIONAL INFORMATION.

In addition to this form, the **LL Bean waiver** must be signed and submitted also.