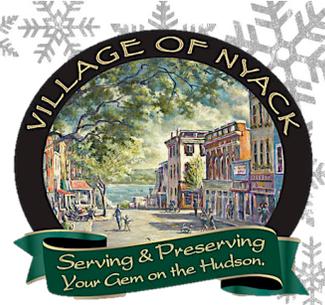


Winter 2020



Village of Nyack Recreation Department

Gym Games

with Max Director of
The Summer Spot

When: Sat 1:30 – 2:30
Dates: Feb 1 – Mar 21
(No class 2/14 or 2/22)
Grades: Grades 3rd – 7th
Fee: Resident \$70
Non-Resident \$84

Introduction to Piano

with Rivertown Music

When: Thurs 4:30 – 5:30
Dates: Jan 30 – Mar 12
(no class 2/20)
Grades: Grades K – 3rd
Fee: Resident \$70
Non-Resident \$84
Location: American Legion Hall

The Summer Spot



Paper Cutting Arts

with Artist Jane Cowles

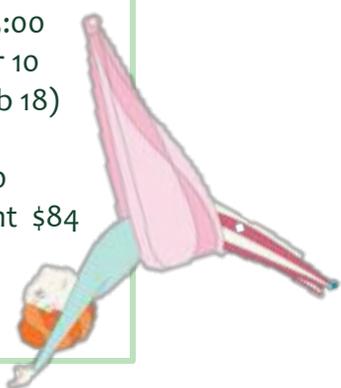
When: Tues 4:30-5:30
Dates: Jan 28 – Mar 10
(No class Feb 18)
Grades: 4th grade and up
Fee: Resident \$70
Non-Resident \$84
Location: TBD



T(w)een Yoga & Floating Mediation

with Playful Yogi

When: Tues 4:15 – 5:00
Dates: Jan 28 – Mar 10
(No class Feb 18)
Grades: Grades 5-12
Fee: Resident \$70
Non-Resident \$84
Location: 42 Main St.



Yoga for Student Athletes

with Playful Yogi

When: Wed 4:15 – 5:00
Dates: Jan 29 – Mar 11
(no class Feb 19)
Grades: Grades 7th-12th
Fee: Resident \$70
Non-Resident \$84
Location: 42 Main St.



Visit: nyack-ny.gov/recreation

email: recreationasst@nyack-ny.gov

RECREATION PROGRAMS REGISTRATION FORM VILLAGE OF NYACK

PLEASE SUBMIT SEPARATE REGISTRATION FORMS FOR EACH PARTICIPANT

PARTICIPANT NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____
EMAIL _____

AGE _____ GRADE _____ SCHOOL _____
PARENT/GUARDIAN NAME _____
EMERGENCY CONTACT AND PHONE _____

CLASS _____	TIME _____	DAY _____
CLASS _____	TIME _____	DAY _____
CLASS _____	TIME _____	DAY _____

MEDICAL RELEASE FORM – ADULT AND MINOR

I CONSENT TO THE PARTICIPATION OF MYSELF/MY CHILD IN THE VILLAGE OF NYACK RECREATION DEPARTMENT ACTIVITIES. I UNDERSTAND THAT THE ACTIVITIES IN WHICH I/MY CHILD MAY PARTICIPATE WILL INCLUDE, BUT AT NOT LIMITED TO (TYPE OF CLASS)_____.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, AND SUBJECT TO THE LIMITATIONS LISTED BELOW, I AM/MY CHILD IS PHYSICALLY CAPABLE OF PARTICIPATING IN THE ACTIVITIES DESCRIBED ABOVE AND HAS THE BASIC SKILLS NECESSARY TO PARTICIPATE IN THE ACTIVITIES SO THAT MY/HIS/HER PARTICIPATION WILL NOT POSE ANY UNDUE RISK TO MY/HIS/HER HEALTH OR THE HEALTH AND SAFETY OF OTHERS.

I CERTIFY THAT I HAVE/MY CHILD HAS THE FOLLOWING HEALTH CONDITIONS WHICH MAY LIMIT OR PREVENT MY/HIS/HER PARTICIPATION IN THE ACTIVITIES DESCRIBED ABOVE:_____.

IN THE EVENT THAT ALL REASONABLE ATTEMPTS HAVE BEEN MADE TO CONTACT ME OR THE EMERGENCY CONTACT AT THE PHONE NUMBERS I HAVE PROVIDED ABOVE HAVE BEEN UNSUCCESSFUL, I GIVE MY CONSENT TO THE ADMINISTRATION OF MYSELF/MY CHILD OF ANY MEDICAL TREATMENT DEEMED NECESSARY BY A LICENSED HEALTH PROFESSIONAL AND THE TRANSFER OF MYSELF/MY CHILD TO ANY HOSPITAL REASONABLY ACCESSIBLE. I UNDERSTAND AND AGREE THAT THE VILLAGE OF NYACK DOES NOT ASSUME RESPONSIBILITY FOR ANY DAMAGE WHICH MIGHT ARISE OUT OF OR IN CONNECTION WITH SUCH AUTHORIZED EMERGENCY MEDICAL TREATMENT.

I CERTIFY THAT I WILL IMMEDIATELY INFORM THE VILLAGE OF NYACK RECREATION DEPARTMENT IF THERE IS ANY CHANGE IN THE INFORMATION PROVIDED ABOVE. I UNDERSTAND THAT THIS CONSENT IS VALID UNLESS REVOKED BY ME.

TO THE FULLEST EXTENT PERMITTED BY LAW, I/WE HEREBY AGREE TO INDEMNIFY, RELEASE AND HOLD HARMLESS THE VILLAGE OF NYACK, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND SERVANTS FROM ANY AND ALL LOSS, LIABILITY, CLAIMS, DEMANDS, ACTIONS, AND CAUSES OF ACTIONS WHATSOEVER ARISING OUT OF ANY LOSS, DAMAGE OR INJURY THAT MAY OCCUR AS A RESULT OF THE REFERENCED FACILITY USE REQUESTED HEREIN.

PARTICIPANT'S NAME _____ DATE _____

SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN _____

- PLEASE CONSIDER ME FOR A SCHOLARSHIP
- AMOUNT ENCLOSED \$ _____

SEND THIS COMPLETED FORM AND PAYMENT TO:

**NYACK VILLAGE HALL, 9 NORTH BROADWAY, NYACK NY 10960
ATTN. RECREATION DEPARTMENT
MAKES CHECKS PAYABLE TO: VILLAGE OF NYACK**