

## Town of Tusten Youth Program Registration Form

Date: \_\_\_\_\_

Participant Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Amount Paid \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Chaperone's Name (if not parent): \_\_\_\_\_

Email address for update on Tusten Youth Events: \_\_\_\_\_

.....  
 I believe my child (children) to be in satisfactory physical condition and grant my approval for participation in the Town of Tusten Youth Group Program. I assume all risks and hazards incidental to such participation including transportation to and from the activity and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Tusten, it's employees and all other volunteer coordinators and organizers.

I further acknowledge that the youth involved have a parent or guardian that resides within the Town of Tusten.

Signature: \_\_\_\_\_

**\*\*This program is funded in part by a grant from the New York Sate Office of Children and Family Services through sponsorship by the Sullivan County Youth Program.**

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### Town Of Tusten Youth Group Receipt

Date: \_\_\_\_\_

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

# in Party: \_\_\_\_\_ In the Sum of \$ \_\_\_\_\_

Received by: \_\_\_\_\_

# Town of Tusten Youth Program

Date:

Event:

The youth program members would greatly appreciate your input about today's activity.

What did you like MOST about today's activity?

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What did you like LEAST about today's activity?

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How could we have improved today's activity?

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Would you like to participate in the same or similar activity in the future?

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On a scale of 1 (least enjoyable) to 10 (most enjoyable), how would you rate today's activity?

1 2 3 4 5 6 7 8 9 10

Further comments – Please be candid so we can improve our service to Tusten Youth.

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## Optional

Name \_\_\_\_\_ age(s) \_\_\_\_\_

Resident of Tusten (circle one) YES NO

**Thank you for your support**