

VILLAGE OF HAVERSTRAW

HAVERSTRAW CENTER

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NAME OF PARTICIPANT:

_____ (Last) (First) (Middle)

NAME OF PARENT/GUARDIAN:

ADDRESS:

CITY: _____ **STATE:** _____ **ZIP CODE:**

PHONE: (_____) _____ **E-MAIL:** _____

I/We understand that when participating in Haverstraw Center activities the registrant may be photographed for print, video, or electronic imaging and I/we thereby consent to the use of such images in promotional materials, news releases, and other published formats.

Signature: _____ **Date:** _____
(Parent or Guardian)

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