

Family Account Information Form

NOTE: If you have previously completed this form, there is no need to complete again, unless your family is new to registering for a Town of Riverhead Recreation or PAL Program (all adults 18 & over are required to have their own account unless they are a spouse.) or your information or address has changed.



(Main Contact) Last _____ **First** _____ **Date of Birth** _____ **Gender** _____

Primary Address: _____ Secondary Address: _____

Primary Phone # _____ Secondary Phone# _____ Other Phone # _____

Email: _____

Additional family members		Email	Medical/Allergy Alert	Birth date	Gender M/F	Grade
Last	First					
Spouse:						
Under 18 child:						
Under 18 child:						
Under 18 child:						
Under 18 child:						
Under 18 child:						
Under 18 child:						
Under 18 child:						
Under 18 child:						
Under 18 child:						

Emergency Contact:

First Name: _____ Last Name: _____ Relationship: _____

Primary Phone: _____

----- **Office Use Only** -----

Proof of Residency:

Drivers license Tax bill Year round Lease ~~2012~~ CURRENT Utility Bill Received by: _____ Date: _____