



VILLAGE OF BRIARCLIFF MANOR RECREATION DEPARTMENT  
3 Library Road, Briarcliff Manor, NY 10510  
(914) 941-6560  
[www.briarcliffmanor.gov](http://www.briarcliffmanor.gov)

# Multi-Sports & Messy Art School's Out – January 19<sup>th</sup>

*Join Macaroni KID and Hi Five Metro Sports for a day off from school filled with fun! Children will be divided into age-appropriate groups and rotate between guided games, free play, sensory art projects, crafts and more. Please bring NUT FREE snacks and a water bottle.*

- ELIGIBLE:** Children in grades Pre - K - 5 who reside in the Village of Briarcliff Manor (VBMR) and Briarcliff Manor School District (BMSD). Non-residents (NONR) are welcome to join!
- DATE & TIME:** **Monday**, January 19<sup>th</sup>, 2026 (No School This Day)  
9 a.m. - 12 p.m.
- LOCATION:** Briarcliff Youth Center, 5 Van Lu Van Road, Briarcliff
- FEE:** \$55 for Village residents (VBMR)  
\$65 for School District and Non-resident (BMSD/NONR)
- REGISTRATION:** Registration begins 12/10/25 at 9 a.m. Registration may be done online\* from any device. Space for all programs is limited and will be handled on a first come first served basis. \*In order to register online you have an existing account for your household or create one through our Registration software, [CivicRec](#).

## Messy Art School's Out – January 2026

Fees: \$55.00 – Village of Briarcliff Residents    \$65.00 – School District / Non-resident (BMSD/NONR)

NAME: \_\_\_\_\_ GRADE/DOB: \_\_\_\_\_ PARENT CELL #: \_\_\_\_\_

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

MEDICAL CONCERNS: \_\_\_\_\_

The undersigned hereby recognizes that there are inherent risks involved with participation in this program and agrees to release and hold harmless the Village of Briarcliff Manor, its employees, contractors and volunteers, of any liability whatsoever in connection with any damages and/or injuries that the above named person may sustain as a result of participation. If medical emergency arises, instructors will call 911. I give permission for my child to be transported to hospital and necessary treatment provided by hospital medical staff. I have read and fully understand the above acknowledgement of risk, release / indemnification and covenant not to sue. I have signed this document of my own free will, and agree to the terms outlined herein.

E-Mail Address: \_\_\_\_\_  
(For receipt/notification purposes only)

\_\_\_\_\_  
Signature of Parent/Guardian

**METHOD OF PAYMENT:**    ☐ CASH    ☐ CHECK # \_\_\_\_\_    ☐ CREDIT CARD \*\*

Checks payable to: **Village of Briarcliff Manor** (\$20 fee for returned checks). \*\* additional 3% fee or min. \$2 with occur with using a credit card

**DATE:** \_\_\_\_\_

**AMOUNT:** \_\_\_\_\_

**RECEIPT#:** \_\_\_\_\_