

Bernards Township Parks & Recreation Adult Program Registration Form

Return completed registration form with payment to: 1 Collyer Lane, Basking Ridge, NJ 07920

Program Title	Session	Program Fee
<i>You may register for up to 4 programs on one form for the same participant.</i>	<i>Beginner, Intermediate, Date, Grade Level, Etc.</i>	<i>Separate check for each program, payable to "Bernards Township."</i>
<i>Example: Summer Tennis</i>	<i>First Play Session I</i>	<i>\$155</i>

Participant Information

Last name: _____ **First name:** _____ **Male or Female:** _____

Address: _____

Town: _____ **Zip** _____

Birth date: ____/____/____ **E-Mail:** _____

Home Phone: _____ **Cell Phone:** _____

Please provide information for an emergency contact person who is in close proximity to the program and can be reached during the program hours.

	Name	Phone #
Emergency Contact		

Do you need a modification to participate in this program? No Yes

As the participant in this program, I agree that this is a voluntary choice. I acknowledge that there are certain risks inherent in participation in this activity, and I agree to accept all of the consequences and assume the risks involved in participation. I give permission to the Township to provide emergency care as necessary for my well being until such time as a designated emergency contact may be reached. I understand and acknowledge that Bernards Township is not responsible for any loss, damages or injury to any person or property for any reason associated with my participation in this activity. In light of the above, I hereby agree to indemnify and hold harmless and release Bernards Township from any and all liability for any and all injuries I may sustain as a result of participation in this activity. This includes, but is not limited to, responsibility for the payment of any and all doctor, medical or hospital bills resulting from any and all injuries to me. I grant Bernards Township the right to use any and all photographs of myself participating in a Department sponsored activity for future media promotion. I confirm that I have read and understand the Recreation Department's registration policies and procedures.

For office use only: Cash _____ Ck. # _____ Received: _____
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