

## Bernards Township Parks & Recreation Youth Program Registration Form

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

<b>Program Title</b> <i>You may register for up to 4 programs on one form for the same participant.</i>	<b>Session</b> <i>Beginner, Intermediate, Date, Grade Level, Etc.</i>	<b>Program Fee</b> <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** \_\_\_\_\_

**Height:** \_\_\_ft\_\_\_in (for Recreation Basketball Only)      **Birth date:** \_\_\_/\_\_\_/\_\_\_

**Current Grade:** \_\_\_\_\_ **Grade Fall 2018:** \_\_\_\_\_ **School child attends:** \_\_\_\_\_

	Primary Household Contact/Guardian	Secondary Household Contact/Guardian
<b>Name</b>		
<b>Home Phone #</b>		
<b>Work Phone #</b>		
<b>Cell Phone #</b>		
<b>Primary Household Email</b>		
<b>Alternate Household Email</b>		

Please provide information for two emergency contacts (other than parent) who are in close proximity to the program and can be reached during the program hours. We will always attempt to contact the parent/guardian first.

	Emergency Contact #1	Emergency Contact #2
<b>Name</b>		
<b>Phone #</b>		

**Does your child have any medical (allergies), physical, or behavioral conditions we should be aware of:**

\_\_\_\_\_

**Does your child need a modification to participate in this program?** No  Yes

As the Parent or Guardian of the participant in this program, I hereby give permission for my child/dependent to participate in this program and 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 the well being of my child/dependent until such time as I may be contacted. 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 child's/dependent's 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 my child/dependent 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 my child/dependent. I grant Bernards Township the right to use any and all photographs of myself or my child 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.

<b>For office use only: Cash</b> _____ <b>Ck. #</b> _____	<b>Received:</b> _____
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