

Bernards Township Parks & Recreation Adult Program Registration Form

Participant Information

First Name: _____ **Last Name:** _____ **Male** **Female**

Street Address: _____

Town: _____ **Zip:** _____

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

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

Provide information for at least one emergency contact in close proximity and reachable during the program hours.

	Name	Phone #
Emergency Contact 1		
Emergency Contact 2		

Program Information

	Program Title	Program Fee
	<i>Example: Yoga Mixed A</i>	<i>Example: \$50</i>
#1		
#2		
#3		
#4		

Register for up to 4 programs for the same participant.

Do you need a modification to participate in the above program(s)? **No** **Yes**

Payment with this form is by cash or check. Checks are made payable to "Bernards Township."
Credit cards are accepted through online registration only.

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.

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

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