

## Bernards Township Parks & Recreation Youth Program Registration Form

### Participant Information

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Male**  **Female**

**Street Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Height:** \_\_\_ ft \_\_\_ in (Basketball only)

**Birth date:** \_\_\_/\_\_\_/\_\_\_ **Current Grade:** \_\_\_\_\_ **Grade Fall 2020:** \_\_\_\_\_ **School:** \_\_\_\_\_

	Primary Household Parent/Guardian	Secondary Household Parent/Guardian
<b>Name</b>		
<b>Home Phone #</b>		
<b>Work Phone #</b>		
<b>Cell Phone #</b>		

**Primary Household Email**

**Secondary Household Email**

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

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

Any medical/physical/behavioral conditions (including allergies) we should be aware of:

### Program Information

	Program Title	Program Fee
	<i>Example: Foundation Tennis Session 1</i>	<i>Example: \$150</i>
<b>#1</b>		
<b>#2</b>		
<b>#3</b>		
<b>#4</b>		

Register for up to 4 programs for the same participant. Multiple participants need separate forms.

**Does your child 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 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.

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

**For office use only:** Cash \_\_\_\_\_ Ck. # \_\_\_\_\_ Received: \_\_\_\_\_