TOWNSHIP OF WASHINGTON RECREATION
REGISTRATION FORM

Circle One
M F

NAME: _____
(LAST) (FIRST)

ACTIVITY: _____ DATE OF BIRTH: _____

AGE IN SEPTEMBER: _____ GRADE ENTERING IN SEPTEMBER: _____ T-SHIRT SIZE: _____

STREET ADDRESS: _____ TEL #: _____

CELL PHONE # 1: _____ CELL PHONE # 2: _____

E-MAIL ADDRESS: _____ E-MAIL ADDRESS: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

EMERGENCY PHONE NUMBER: _____

I hereby give my approval for the above named participant to engage in any and all recreation program activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from said activities and do hereby waive, release, absolve, indemnify, and agree to hold harmless the TOWNSHIP OF WASHINGTON RECREATION DEPARTMENT, the organizers, sponsors, supervisors and other participants and persons transporting my child to and from said activities, for any claim arising out of any injury. I agree to return any uniform and/or equipment issued to my child in as good a condition as when received except for normal wear and tear.

FAMILY PHYSICIAN: _____ TEL #: _____

ALLERGIES/MEDICAL CONDITIONS: _____

GROUP REQUEST: _____

ARE YOU AVAILABLE TO: COACH ☐ ASST. COACH ☐ TEAM PARENT ☐