

46 Mountain Blvd.
Warren, New Jersey 07059



Warren Township Recreation

Recreation Department
Phone: (908) 753-8000 x 270
Fax: (908) 757-9173
Email: recreation@warrennj.org
www.warrennj.org/recreation

UNIVERSAL REGISTRATION FORM

PRINT Parent/Legal Guardian Name: (If over 18 enter registrant Name)				
Home Phone:	Cell Phone:	Email Address: (for registration confirmation and program updates)		
Address:	City:	State:	Zip:	Township:
Emergency Contact:	Phone:	Cell Phone:		
Medical/Physical Limitations or Conditions:		Circle Shirt size: YS6-8 YM10-12 YL14-16 AS AM AL (For Teen Camp & HS Basketball only)		

You may sign up more than one registrant in the same family on this form. Please send completed registration form and check to Warren Township Recreation, 46 Mountain Blvd., Warren, NJ 07059.

Must show proof of residency the first day of the program.

* fill in for registrants under age 18 only

Registrant Name(s)	Program Name	Program Date & Time	*Date of Birth	*Age/Grade (For Playground Program, Teen Camp as of going into Sept.)	Fee
Make checks payable to Warren Township	TOTAL:	\$			

Legal Statement

As the parent/guardian of the children included in this registration, I do hereby consent to allow my child to participate in said program, camp, trip or event. I certify that he/she has no physical or mental disabilities or infirmities that would restrict full participation in this activity except as included in writing with this application. I am fully aware of the risks inherent and hereby give my consent for the above named applicant(s) to participate in the programs offered by the Warren Township Recreation. I hereby agree to indemnify to hold harmless Township of Warren, any of its elected or appointed official's, instructors, employees, volunteers and contractors from any and all liability from injuries, claims, demands, costs, loss of services, expenses or damages sustained by me or us or our minor children on account of his or her or my participation in said program, camp, trip or event whether the results of negligence or any other cause. I grant permission for my child to receive emergency medical treatment. I grant the Township of Warren and said contractor or employee permission to use photos or video images of my child in future promotional materials. A child's name or other identifiable information will not be used without specific parental consent.

NO REFUNDS

Self or Parent/Guardian Signature:	Date:	For Office Use Only: Date: _____ Check #: _____ Amount: _____
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