REGISTRATION INFORMATION

Mail In Registration - Complete the form below and mail to **1011 Cooper St. Deptford NJ 08096 ATTN: Parks and Recreation.** Please submit one form for each program for which you intend to participate. Please complete _all_ information requested.

Make checks payable to "Deptford Township". **Please do not mail Cash.**

Walk in Procedure - Registration forms may be dropped off to the Recreation Department located on at 1011 Cooper Street **Monday through Friday 8:30AM to 4:30PM.**

Non-residents may register, but will be processed only after residents are accommodated.

Please note that staff at the programs cannot accept registrations or payments.

REGISTRATION FORM

Program_____ Date of Program _____ Fee $_____
                                          (mm/dd/yy)

Participant Name_____ Gender M/ F   DOB _____
              (last)   (first)   (MI)   (mm/dd/yy)

Parent/Guardian's Name _____
                              (LAST)   (FIRST)   (MI)

Address_____ Town_____ State _____ Zip_____

Phone # _____ Cell # _____ Email_____

Please note any special medical conditions/allergies: _____

Emergency Contact _____ Phone#_____

PARTICIPANT/PARENT READ and SIGN

(Name)_____ has my permission to participate in all activities of the above registered program. I understand that proper supervision is provided for all programs. In case of emergency, I authorize the program personnel to administer first aid treatment, or to secure the services of a physician, or to transport me/my child to the nearest emergency facility for treatment in case of emergency, and to try to notify me/my contact person. In the event of injury due to accidents beyond their control, I agree to release and hold harmless the Township of Deptford, the Deptford Township Recreation Department, its supervisors, employees, and all program volunteers, as well as, other persons connected with Deptford Township from all liability relating to personal injury or property damage that I/my child may sustain by reason of my/our participation in, equipment or facilities therein.

I understand that Deptford Township **does not** provide accident insurance for any of its participants.

Participant/ Parent or Guardian Signature _____ Date_____