

Readington Twp. Recreation
509 Route 523
White House Station, NJ 08889
908-534-9752

Readington Recreation
ADULT ACTIVITY
Registration Form

Official Use Only
Check# _____
Cash _____
Date _____
Approved by _____

Participant Information

Name First _____ Last _____
Address _____ City _____ State _____ Zip _____
E-Mail Address _____
Phone (_____) _____ Cell(_____) _____

Known Allergies, Medical Problems or Prohibitions:

Emergency Contact

Name First _____ Last _____ Other Information _____

PROGRAM INFORMATION

PROGRAM (S) _____ LOCATION _____

DATE(S) _____ TIME from _____ to _____ COST _____

PROGRAM (S) _____ LOCATION _____

DATE(S) _____ TIME from _____ to _____ COST _____

PROGRAM (S) _____ LOCATION _____

DATE(S) _____ TIME from _____ to _____ COST _____

TOTAL AMOUNT ENCLOSED _____ CHECK # _____

Approval and Emergency Medical Release

* I, the undersigned, give my approval for my child to participate in this activity and hereby waive, release and agree to hold harmless Readington Township, the Recreation Committee, and all volunteers and persons involved in the program from any claim arising from injury to my child.
* I understand that in the event my child is injured as a result of participation in any recreational activity in connection with this program, that reasonable efforts will be made by Readington Township, Recreation Committee or persons authorized on their behalf, to contact me. However if it is determined by a Certified EMT Volunteer, Police Officer, Physician or Surgeon that my child _____ is in need of emergency medical or surgical treatment, then I give my consent to such treatment.

Signed (parent/guardian) _____ Date _____

Phone (_____) _____ Cell(_____) _____

WEB PAGE: READINGTONTWP.ORG
CLICK ON RECREATION

Recreation E-Mail: rec@readingtontwp-nj.org