

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

**Readington Recreation
Trip & Event
Family Registration
Form**

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

PRIMARY PARTICIPANT INFORMATION

Participant
First _____ Last _____
Address _____ City _____ State _____ Zip _____
Family E-Mail Address _____ Other email address: _____
Phone (_____) _____ Cell(_____) _____

EMERGENCY CONTACT FOR FAMILY

Name First _____ Last _____ Phone _____

PROGRAM INFORMATION

PROGRAM _____
LOCATION _____
DATE _____ TIME: from _____ to _____
COST PER PERSON _____ # OF PEOPLE _____
TOTAL AMOUNT ENCLOSED _____ CHECK # _____

ADDITIONAL FAMILY PARTICIPANTS

NAME	PHONE	EMAIL	CHILD	ADULT
NAME _____	PHONE _____	EMAIL _____	CHILD	ADULT
NAME _____	PHONE _____	EMAIL _____	CHILD	ADULT
NAME _____	PHONE _____	EMAIL _____	CHILD	ADULT

* I, the undersigned, 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 my injury.
* I understand that in the event I am 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 reach my emergency contact. However if it is determined by a Certified EMT Volunteer, Police Officer, Physician or Surgeon that I am in need of emergency medical or surgical treatment, then I give my consent to such treatment.

Signed _____ Date _____

Phone _____ Cell phone _____