

**INDEPENDENCE RECREATION**

Municipal Building, 286B U.S. 46, Box 164, Great Meadows, N.J. 07838

Frank Spender, Recreation Director, 637-4133 ex. 1016

RECREATION COMMISSION MEETS 3<sup>RD</sup> THURSDAY OF EVERY MONTH

7:30 PM, MUNICIPAL BUILDING.

**RECREATION PROGRAM REGISTRATION FORM**

Program \_\_\_\_\_ Date of Birth\_\_\_/\_\_\_/\_\_\_

Child's Name \_\_\_\_\_ Gender M or F Age \_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Current Grade 2009 \_\_\_\_\_ Shirt Size \_\_\_\_\_ Tax Municipality : \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**Program Assistance**

Please complete if you are able to head coach and indicate practice times

1) Coach Work Phone# \_\_\_\_\_ 2) Practice Times \_\_\_\_\_

3) E-Mail \_\_\_\_\_ 4) Cell Phone \_\_\_\_\_

**REGISTRATION FEES**

Fees: \$45 per child (\$100 per family) or Fees: \$30 per child if coaching

Check amount \_\_\_\_\_ Check number \_\_\_\_\_

**\*\*\* Make checks payable to: Independence Recreation**

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member in this Sports Program. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participating, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in this sport and that my child is healthy and has no physical or mental disabilities that would restrict full participation in this recreation program except as listed below. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Independence Township Recreation Commission, its officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the aforementioned sport and the activities incidental thereto, whether the result of negligence or any other cause.

List of Current Medical Conditions \_\_\_\_\_

Print Name of Parent \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Work Phone \_\_\_\_\_