



# PARTICIPANT REGISTRATION & EMERGENCY CONTACT FORM

334 Dunhams Corner Road, East Brunswick, NJ 08816  
 Tel: 732-390-6797 Fax: 732-390-6818 Email: [recreation@eastbrunswick.org](mailto:recreation@eastbrunswick.org)  
 Website: [www.eastbrunswick.org/recreation](http://www.eastbrunswick.org/recreation)

<b>Participant's Name:</b>		<b>Gender</b> (Circle One):		<b>Male</b>	<b>Female</b>				
<b>Street Address:</b>		<b>Birthdate:</b>		<b>Current Grade:</b>					
<b>City/State/Zip:</b>		<b>Email:</b>							
<b>Home Phone:</b>		<b>Cell Phone:</b>							
<b>Asthma:</b>	YES	NO	<b>INHALER Required?</b>	YES	NO				
<b>Allergies:</b>	MILD	SEVERE	NONE	<b>EPI-PEN Required?</b>	YES	NO			
<b>Please describe any allergies:</b>									
<b>Any Limitations or Restrictions the participant may have in any activities as we wish to provide the best possible experience for the participant?</b>									
The East Brunswick Department of Recreation and Parks believes that the benefits of recreation should be made available to people of all ages, race, beliefs and abilities. The Township of East Brunswick fully understands the Americans with Disabilities Act and we invite participation by people with special needs in our programs.									
<b>My child or I require an accommodation or modification to enjoy this program:</b>				YES	NO				
<b>T-Shirt Size</b> Circle One:		<b>Youth</b> S(6-8)	M(10-12)	L(14-16)	<b>Adult:</b> S	M	L	XL	XXL
<b><u>Emergency Contact</u></b>		<b><u>Relationship</u></b>		<b><u>Home Phone</u></b>		<b><u>Cell Phone</u></b>		<b><u>Email Address</u></b>	
		(mother/guardian)							
		(father/guardian)							
<b><u>Program/Activity Code</u></b>		<b><u>Fees</u></b>		<b><u>Program/Activity Name</u></b>					

**WAIVER AND RELEASE** - I hereby waive and release all rights and claims that I or my minor child, my heirs, executors and administrators may have now or that may come into existence against the Township of East Brunswick, its employees, officials, agents, successors and assigns as a result of or in connection with any activity sponsored by the Department of Recreation and Parks. I hereby acknowledge that my registration fee for any Recreation and Parks program does not include or entitle myself or my child to payment of medical expenses that may arise out of mine or my child's participation in any Recreation and Parks program. I acknowledge further that I assume responsibility for myself or my child's medical expenses. **I hereby acknowledge that the East Brunswick Department of Recreation and Parks may / may not (circle one) use myself or my child's photograph or likeness, and mine or his/her name in connection with public presentations, advertising, publicity and promotional efforts relating to any Recreation and Parks activities. If one of the preceding options is not circled, it shall be deemed an approval.**

In consideration of your accepting my or my child's entry, I hereby, for myself, my child, our heirs, executors and administrators waive and release any and all rights and claims I or my child may have against the Township of East Brunswick and its representatives, officers, employees, agents, successors and assigns for any and all injuries suffered by myself or my child on any activity sponsored by these groups. In the instance of a medical emergency, I understand that the East Brunswick Recreation and Parks will always attempt to contact the parent/guardian first. I hereby give permission to East Brunswick Recreation & Parks to seek emergency medical treatment including ordering x-rays, routine tests, or to provide or arrange necessary related transportation for myself or my child/ward. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician to secure and administer treatment, including hospitalization for myself or my child/ward. **If there is a change in the above information, I will promptly notify East Brunswick Recreation and Parks.** This completed form may be photocopied. I further agree that in the event that myself or my child repudiates or attempts to repudiate such release, I will personally indemnify and save harmless the Township of East Brunswick, its successors and assigns, for any and all loss and damaged occasioned thereby. I further acknowledge that there is no medical insurance coverage included in my registration for any program offered by the East Brunswick Recreation and Parks. By participating in these programs, I assume my own insurance responsibilities.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  Parent  Guardian  Participant