



EAST BRUNSWICK TOWNSHIP

Department of Recreation and Parks, 334 Dunhams Corner Road, East Brunswick, NJ 08816

Tel: 732-390-6797 Fax: 732-390-6818 Email: recreation@eastbrunswick.org Website: www.eastbrunswick.org/recreation

PARTICIPANT REGISTRATION & EMERGENCY CONTACT FORM

<u>Program/Activity Name</u>	<u>Program Code</u>	<u>Fees</u>

PROOF OF RESIDENCY (DRIVER'S LICENSE OR CURRENT UTILITY BILL) IS REQUIRED FOR ALL REGISTRATIONS.

**** IF THIS IS YOUR CHILD'S FIRST TIME REGISTERING, YOU MUST PROVIDE PROOF OF AGE (BIRTH CERTIFICATE OR PASSPORT) ****

Participant's Name:	Gender (Circle One): Male Female
Street Address:	Birthdate:
City/State/Zip:	Current Grade (if applicable):
Home Phone:	Work Phone:
Cell Phone:	Email:

T-Shirt Size (for Sports Programs/Camps) – Select One if required:

<u>Parent/Guardian(s) – if under 18</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>

Mother/Guardian Email:

Father/Guardian Email:

<u>Emergency Contacts</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>

HEALTH HISTORY:

Asthma:	YES	NO	Is Inhaler Required?:	YES	NO
Allergies:	YES	NO	If Yes, please describe:		
Is EPI PEN required?:	YES	NO	Is Allergy (Circle One):	MILD	SEVERE
Are there any other important health concerns we should be aware of?:					

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