

**TOWNSHIP OF ROBBINSVILLE  
DIVISION OF RECREATION**

1 WASHINGTON BLVD., SUITE 14  
ROBBINSVILLE, NJ 08691  
609-918-0002 ext. 120

**REGISTRATION FORM**

One form is needed per registration. Please duplicate this form for additional registrations. Make checks payable to:  
"Township of Robbinsville Recreation"

NAME OF PROGRAM \_\_\_\_\_ DATE(S) \_\_\_\_\_ DAY/TIME \_\_\_\_\_

M  F PARTICIPANT'S NAME \_\_\_\_\_  
(LAST) (FIRST)

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT NAME \_\_\_\_\_ WORK PH \_\_\_\_\_ CELL \_\_\_\_\_

PARENT NAME \_\_\_\_\_ WORK PH \_\_\_\_\_ CELL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE(S) \_\_\_\_\_

E-MAIL (REQUIRED) \_\_\_\_\_ (For news, updates, confirmations, etc.)

PLEASE NOTE ANY SPECIAL MEDICAL CONDITIONS \_\_\_\_\_

**REFUND POLICY**

***No exceptions will be made to this policy. Please read carefully.***

Registrants who wish to withdraw prior to the start of a program may be issued a refund only if the Recreation Division is notified in writing at least ten (10) days prior to the starting date of the program. A 20% administrative service charge will be imposed for all refunds granted. No refunds will be granted after a program has started.

**WAIVER**

I hereby absolve and hold harmless the Township of Robbinsville, the Robbinsville Township School District (when District facilities are used) and the Robbinsville Township Recreation Division, their respective officers, employees, and instructors, from all injuries, claims, or liabilities that may result from my participation or my minor child's participation in the above activities. If the above participant is a minor, I give my consent to his/her participation. I am aware the activity may involve risk of injury and assume all risks for injuries received. I agree to the use of my name and/or photo for Township of Robbinsville and/or Recreation Division publicity. I have read and accept the Refund Policy.

Participant Signature (Parent /Guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**(FOR OFFICE USE)**

Amount Paid \$ \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_ Resident \_\_\_\_\_ Non-resident \_\_\_\_\_