

**TOWNSHIP OF ROBBINSVILLE
DIVISION OF RECREATION**

2298 ROUTE 130
ROBBINSVILLE, NJ 08691
609-259-3600 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
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<input type="checkbox"/> M <input type="checkbox"/> 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:	
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(FOR OFFICE USE)					
Amount Paid \$ _____	Check# _____	Cash _____	Date Paid ____/____/____	Resident _____	Non-resident _____