



SRPR

South River Parks & Recreation
 55 Reid Street
 South River, NJ 08882
 Phone (732) 254-4412 Fax (732) 238-2269

ACTIVITY REGISTRATION FORM

PARENT/GUARDIAN/ADULT PARTICIPANT	CONTACT INFORMATION
Name (First, Last):	Home Phone:
Relationship to Participant:	Work Phone:
Street Address:	Cell Phone:
City, State, Zip:	Email:

Has your address changed since last registration? _____ YES _____ NO

PARTICIPANT INFORMATION

PARTICIPANT'S NAME		GRADE	BIRTHDA			SEX		ACTIVITY(S)	START DATE	FEE
FIRST	LAST		Y	M	D	Y	M			

T-SHIRT SIZES FOR PARTICIPANT	T-SHIRT SIZE (NOT AGE)	**WRESTLING ONLY**	ALLERGIES:
YOUTH SMALL	SIZE 6-8	SHORTS SIZE _____	MEDICATION:
YOUTH MEDIUM	SIZE 10-12	XS,S,M,L,XL,2XL,3XL,4XL	
YOUTH LARGE	SIZE 14-16	HOODIE SIZE _____	
ADULT SMALL		YS,YM,YL,AS,AM,AL,AXL	
ADULT MEDIUM		**HOCKEY ONLY**	
ADULT LARGE		POSITION _____	
ADULT X LARGE			
ADULT XX LARGE			

EMERGENCY CONTACT: _____ PHONE #: _____

MEDICAL RELEASE FORM:

This information is vital to ensure complete protection should your child need medical treatment:

I hereby give my permission for any and all medical attention necessary to be administered to my son/daughter (**PRINT PARTICIPANT'S NAME**) _____ in the event of an accident, injury, sickness, etc., until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment. I agree to assume full responsibility and not hold the Borough of South River from any legal liability, injury, or damage to person or property in connection with participation in the Borough of South River activities.

I agree that the participant must obey all rules and follow all safety procedures involved with any program, trip or activity established by the Parks & Recreation Department. I agree that the participant must obey the instructors, coaches and referees designated to direct this activity.

I certify that, to the best of my knowledge, the participant's current physical condition is satisfactory for participation in this year's programs and activities and that the participant is free of any health problems which would endanger the participant. I will inform the Director of Parks & Recreation at (732) 254-4412 should the participant's condition change at any time.

The Borough of South River has my permission, should I be unable to be contacted, to take my child to the nearest hospital/urgent medical care facility. I hereby give my permission and authorization to the hospital and/or medical staff to provide treatment which a physician deems necessary for the well being of my child.

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I further certify that I have medical insurance to completely cover any and all expenses that could arise from any injury/accident.
Parent/Guardian Signature: _____ Date: _____

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Waiver and Release

I, (parent/guardian) _____, understand that all sports have an inherent risk of injury, including but not limited to sprains, cuts bruises, broken bones etc. While the Parks and Recreation Department carries insurance, if an injury occurs I shall use my own health insurance as the primary insurer. I understand that proper supervision is provided for all programs. In case of emergency, I authorize program personnel to administer first aid treatment, secure the services of a physician, transport to the nearest emergency room for treatment in case of emergency and to try to notify me/my contact person. I acknowledge that I am assuming all risks in participating in various programs of the South River Department of Parks and Recreation and I fully understand and have knowledge of potential injuries that may occur from my participation in such programs and activities. In the event of injury due to participation, I agree to release and hold harmless the Borough of South River, the South River Department of Parks and Recreation, its supervisors, employees, and all volunteers as well as other persons connected with the Borough of South River from all liability relating to personal injury or property damage that I may sustain as may be within the immunities provided to the Borough of South River pursuant to the New Jersey Tort Claims Act.

I also understand that I am to conduct myself in an acceptable manner at all times. If for any reason I conduct myself in an unsportsmanlike manner or cause harm to or disrupt an activity, in that event it shall be at the discretion of the coach, director, and/or supervisor of said activity to eject me from the above referenced activity with no further liability inuring to the Parks and Recreation Department. If I have paid a fee for any sport or activity and I am ejected, I understand that the fee shall be non-refundable.

Signature

Date

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