



**BOROUGH OF
NEW PROVIDENCE**
SETTLED IN 1720

RECREATION DEPARTMENT

REGISTRATION FORM

CHECK ONE:

Child: _____ Adult: _____

Please make checks payable to: **"New Providence Recreation Commission"**

Mail to: **360 Elkwood Ave., New Providence, NJ 07974**

YOUTH classes are restricted to children who live or attend school in New Providence.

ADULT residents have priority over non-residents; Non-resident adults - \$10.00 additional fee per class.

PLEASE COMPLETE ALL ITEMS LEGIBLY

Name _____ Gender: M F Grade: _____
First Last

Parent Name (for child registration) _____ Child's School: _____

E-Mail (required) _____ Birth Date (child) ____/____/____ Age(child) ____
You will receive e-mail confirmation of your registration

NP Resident ? _____ Address _____
Street Town Zip

Phone _____
Home Cell Cell / Work

Emergency Contact _____ Phone _____

Physician's Name: _____ Phone _____

Special Considerations (Allergies, attention problems, medications, etc): _____

MEDICAL RELEASE: I recognize that participation in recreation programs may occasionally lead to injury. The most common injuries are abrasions, bruises, sprains, and strains. Less common injuries, but perhaps more serious, may occur. I hereby authorize emergency medical care for myself (or my child). If, in the judgment of the staff, treatment is required for an injury or illness, I hereby also authorize the administering of anesthetics and recourse to other procedures deemed necessary by an ER attending physician. In the case of my child, I understand that whenever possible I will be notified prior to medical treatment or at the earliest possible time should prior notice prove impossible. I am financially responsible for medical care or transportation expenses incurred.

HOLD HARMLESS AGREEMENT: I agree to abide by the conditions herein and agree to hold harmless, waive and release any and all rights to claims for damages against the Borough of New Providence, the New Providence Recreation Commission and their agents and employees and other such individuals who may be involved in the planning and implementation of this program. In the event of a breach, the breaching party shall be liable for the damages and expenses incurred by the Borough of New Providence, the New Providence Recreation Commission and their agents and employees, including their attorney fees.

Signature: _____ Date _____

CLASSES

1st Class Name: _____ Day _____ Time _____

In ADDITION to the above program:

2nd Class Name: _____ Day _____ Time _____

In ADDITION to the above program:

3rd Class Name: _____ Day _____ Time _____