NEW PROVIDENCE RECREATION
nprec
Something for every body

Youth/Adult Registration Form

Please make checks payable to: **"New Providence Recreation"**
Mail to: **360 Elkwood Ave., New Providence, NJ 07974**
Non-residents - $20.00 additional fee per class

Name _____ _____ Gender: ___M ___F Grade (child)_____
First **Last**

E-Mail *(required)* _____ Birth Date (child) ____/____/____ Age (child)_____

Address_____
Street Town Zip

(Residents that pay taxes to New Providence, but have a Summit mailing address, please check this box: ☐

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 _____

PHOTO/VIDEO RELEASE: Please choose from the following:

☐ I/We GRANT permission for a photo/image only that includes this registrant without other personal identifiers to be published on the Borough website.

☐ We grant permission for a photo/image and name to be published in Borough publications, local newspapers, and TV-35.

☐ I/We DO NOT GRANT permission for this registrant's photo/image and name to be published.

CLASSES

1st Class Name: _____ Day _____ Time _____

2nd Class Name: _____ Day _____ Time _____