**Community Activities Department**
**DeCorso Community Center**
360 Elkwood Avenue
New Providence, NJ 07974
908-464-4430 Fax: 908-665-9272
www.newprov.org

Al Morgan, Mayor
Bernadette Cuccaro, Community Activities Director
Therese Dalton, DeCorso Community Center Coordinator

# Adult Registration Form

Please make checks payable to: **"New Providence Recreation"**
Mail to: **15 East 4th Street, New Providence, NJ 07974**
**Non Residents - $20 class fee**

Name _____ _____ Gender: ___M ___F
**First** **Last**

E-Mail *(required)* _____ Birth Date _____/_____/_____

Address_____
Street Town Zip

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

Phone _____ _____
**Home** **Cell**

Emergency Contact _____ Phone _____

Physician's Name: _____ Phone_____

Special Considerations: _____

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MEDICAL RELEASE: I recognize that participation at the DeCorso Center in 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 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. 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 _____

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**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.

**User Name:** _____ **Password:** _____