

## WEST WINDSOR DIVISION OF RECREATION AND PARKS REGISTRATION FORM

Name of Registrant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_  
HOME WORK

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade as of 9/2018 \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

Swim Team	March-July	M-F
NAME OF PROGRAM	SESSION	TIME/DAYS

I \_\_\_\_\_ realize that there is a risk of being injured that is inherent in all sports. I realize the risk of injury may be severe, including the risk of fractures, brain injuries, or even death. I also understand the NO REFUNDS WILL BE ISSUED, unless the Division of Recreation and parks cancels the program. I understand this and wish (my child) to participate in the above program.

Participant/Parent (if under 18) \_\_\_\_\_ DATE \_\_\_\_\_

Please complete one registration form per person.  
 Checks should be made payable to West Windsor Division of Recreation and Parks.  
 \$150