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 9/2017 _ 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