

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 Sept. 2019 _____ 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