

FALL/WINTER 2010-2011 REGISTRATION FORM WEST WINDSOR DIVISION OF RECREATION AND PARKS

PLEASE NOTE: *Tennis Registration in Online Only. Whalers Swim Team & Wolverine Wrestling require specific registration forms.* These forms are available at the Recreation Office or online at www.wwparks-recreation.com. **DO NOT USE THIS FORM FOR THE ABOVE PROGRAMS.**

Name of Registrant _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____
/ _____ / _____
HOME WORK CELL

Emergency Contact Name _____

Emergency Contact Phone _____

Email Address _____

Birthdate ____/____/____ Age _____ Grade as of 9/2011 _____ Male ____ Female ____

Name of Parent(s) _____

____ *Indoor Winterguard* _____ - ____ *Winter* _____ - ____ *M, W 6-8:30pm* _____
NAME OF PROGRAM SESSION TIME/DAYS

____ - ____ - ____
NAME OF PROGRAM SESSION TIME/DAYS

____ - ____ - ____
NAME OF PROGRAM SESSION TIME/DAYS

I _____ realize there is a risk of being injured that is inherent in all sports. I
(participant/parent if under 18)
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 programs. I agree to hold the West Windsor Recreation Township and their employees harmless from all risk, liability, damage and loss to all persons resulting from participating in the above program(s).

(participant/parent if under 18) DATE

Please complete one registration form per person. This form may be duplicated or additional forms may be obtained at the Recreation Office, located in the Municipal Building, Clarksville and North Post Roads, West Windsor. **Payment must accompany the registration form.**

To register by mail, print & then complete this form and send a check made payable to "West Windsor Recreation" and mail to West Windsor Recreation P.O. Box 38 West Windsor, NJ 08550