



50 Rock Road
Long Valley, NJ 07853

Washington Township Parks & Recreation

Universal Registration Form

Phone:(908) 876-5941
Fax:(908)876-0029
Email:recreation@wtmorris.net
www.wtmorris.org

Email Address: _____

Parent/Legal Guardian Name: _____

Address: _____ Home Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Medical/Physical Limitation or Condition/Food Allergies: _____

Registrants Name	Program Name	Age	Date & Time	Fee

Total Amount Due: \$ _____

Payment Options: Make checks payable to: WT Recreation **SORRY NO REFUNDS**

Check Cash Credit Card (you will be charged a 2.65 % convenience fee for credit card usage & \$ 1.00 for E-Checks)

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations. Yes, I will need to be notified regarding special considerations for my child.

Legal Statement:
As the parent/guardian of the child/ren included in this registration, I do hereby consent to allow my child/ren to participate in said program, camp, workshop or event. I certify that he/she has no physical or mental disabilities or infirmities that would restrict full participation in this activity except as included in writing with this application. I am fully aware of the risks inherent and hereby give my consent for the above named applicant(s) to participate in the programs offered by the Washington Township Parks & Recreation. I hereby agree to indemnify to hold harmless Washington Township, any of its elected or appointed official's, instructors, employees, volunteers and contractors from any and all liability from injuries, claims, demands, costs, loss of services, expenses or damages sustained by me or us or our minor children on account of his or her or my participation in said program, camp, workshop or event whether the results of negligence or any other cause. I grant permission for my child/ren to receive emergency medical treatment. I grant Washington Township and said contractor or employee permission to use photos or video images of my child in future promotional materials. A child's name or other identifiable information will not be used without specific parental consent. SORRY NO REFUNDS

Signature: _____ Date: _____

Photo Release, I authorize WTP&R to submit photos to wtmorris.org & Newspapers, please initial _____