



EHT PARKS AND RECREATION REGISTRATION FORM



PARTICIPANT/REGISTRATION INFORMATION

LAST NAME	FIRST NAME	MI	SUFFIX	NICKNAME	DATE OF BIRTH	AGE	BC on File	Copied	Needed
CLASS #	PROGRAM	DAYS	TIME	PROGRAM DATES	LOCATION	CLASS FEE			

PRIMARY GUARDIAN OF MINOR REGISTRANT OR ADULT PARTICIPANT CONTACT INFORMATION

LAST NAME:		FIRST NAME		MI:
STREET ADDRESS:				
CITY / STATE / ZIP CODE				
CELL PHONE	HOME PHONE	EMAIL ADDRESS	By supplying your email you give the EHT Recreation Department permission to email you information on upcoming events, sport sign-ups, community information, etc.	

SECONDARY GUARDIAN OF MINOR REGISTRANT OR EMERGENCY CONTACT INFORMATION FOR ADULT PARTICIPANT

LAST NAME:		FIRST NAME		MI:
CELL PHONE	HOME PHONE	EMAIL ADDRESS	By supplying your email you give the EHT Recreation Department permission to email you information on upcoming events, sport sign-ups, community information, etc.	
NAME OF EMERGENCY CONTACT IF UNABLE TO GET HOLD OF ABOVE			CELL PHONE/HOME PHONE	

REFUND POLICY • We do not offer refunds, so please make sure you or your child can attend the program you are registering for. • 100% refund if Department cancels program. • Refunds for medical reasons requested prior to the start of the program will be granted at 100% subject to verification. • A pro-rated credit only will be issued after the start of the program for medical reasons only. A credit may be used by any family member at the same address.

PHOTO RELEASE Pictures or video clips may be taken while participating in Egg Harbor Township Park and Recreation activities for publicity. If you do not concur, please contact the Parks and Recreation Department at 272-8120.

WARNING, LIABILITY RELEASE, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK:

I understand that participation in this recreation program involves risk of injury or loss of property. These risks include but are not limited to collision with other participants, being hit by ball or bat, allergic reaction, theft, tripping or falling, contact with other participants that may have infectious (communicable) diseases, physical exertion or other accidents. In consideration of acceptance of my registration I, intending to be legally bound do hereby for myself, my child, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damage which I/or my child may have or acquire against the organizers (Egg Harbor Township Department of Parks and Recreation) of this program individually or collectively for any and all injuries suffered by me/or my child at or during said program. I further understand that no insurance coverage is provided by Egg Harbor Township.

OPRA NOTIFICATION: Please be advised that the information supplied on this form may be subjected to the Open Public Records Act.

MY SIGNING OF THIS FORM INDICATES THAT THE INFORMATION SUPPLIED ABOVE IS TRUE AND ACCURATE. I FURTHER UNDERSTAND THAT SHOULD ANY OF IT BE FOUND TO BE FALSE, I OR MY CHILD WILL BE REMOVED FROM THE PROGRAM.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

EHT RESIDENT: [] YES [] NO

PROOF OF RESIDENCY SHOWN: _____

Total Page 1: _____ Total Page 2: _____

Total Page 3: _____ Total Page 4: _____

Total Due: _____

Check # _____ Check Amt: _____

Cash: _____

CC Type: VISA MC DISCOVER CC Amt: _____

Credit Amt: _____

Total Paid: _____

Date: _____ Initials: _____

BALANCE DUE: _____

Check # _____ Check Amt: _____

Cash: _____

CC Type: VISA MC DISCOVER CC Amt: _____

Credit Amt: _____

Total Paid: _____

Date: _____ Initials: _____

BALANCE DUE: _____

Check # _____ Check Amt: _____

Cash: _____

CC Type: VISA MC DISCOVER CC Amt: _____

Credit Amt: _____

Total Paid: _____

Date: _____ Initials: _____

EHT PARKS AND RECREATION REGISTRATION FORM ADDENDUM

2. PARTICIPANT /REGISTRATION INFORMATION

LAST NAME		FIRST NAME		MI	SUFFIX	NICKNAME		DATE OF BIRTH	AGE	BC on File	Copied	Needed
CLASS #	PROGRAM		DAYS		TIME		PROGRAM DATES		LOCATION		CLASS FEE	

3. PARTICIPANT /REGISTRATION INFORMATION

LAST NAME		FIRST NAME		MI	SUFFIX	NICKNAME		DATE OF BIRTH	AGE	BC on File	Copied	Needed
CLASS #	PROGRAM		DAYS		TIME		PROGRAM DATES		LOCATION		CLASS FEE	

4. PARTICIPANT /REGISTRATION INFORMATION

LAST NAME		FIRST NAME		MI	SUFFIX	NICKNAME		DATE OF BIRTH	AGE	BC on File	Copied	Needed
CLASS #	PROGRAM		DAYS		TIME		PROGRAM DATES		LOCATION		CLASS FEE	

FOR OFFICE USE ONLY

Total Participant 2	Total Participant 3	Total Participant 4	Total for Page 2

NOTES:
