

# LAWRENCE TOWNSHIP RECREATION DEPARTMENT REGISTRATION, UNDERSTANDING, AGREEMENT AND CONSENT

## PARTICIPANT INFORMATION (PLEASE PRINT)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone # \_\_\_\_\_ / \_\_\_\_\_  
HOME CELL

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

PROGRAM NAME _____	SESSION _____	TIME _____
PROGRAM NAME _____	SESSION _____	TIME _____
PROGRAM NAME _____	SESSION _____	TIME _____

I \_\_\_\_\_ realize that a risk of being injured is inherent in all sports. I realize  
(Please print name)  
the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis, or even death. I understand this and attest the above information is correct and wish to participate in the above Lawrence Township Recreation Department Recreation programs.

### NEW REFUND POLICY

***Refunds for the registration fee will be assessed a 25% administrative fee for withdrawing prior to the start of a program. No refunds will be issued after the program has started.***

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



Return Form and Fee to:  
Lawrence Township Recreation Department  
2207 Lawrence Road  
Lawrence Township N.J. 08648



THOSE INDIVIDUALS INTERESTED IN RECEIVING FINANCIAL ASSISTANCE FOR  
REGISTRATION FEES SHOULD CONTACT THE RECREATION OFFICE AT 844 - 7067.