

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 _____

From time to time the Lawrence Township Recreation Department will feature its programs in the local newspapers and the Lawrence Township and/or Lawrence Nature Center websites. While the intent of this practice is to be informative, there is a concern about the individual rights to privacy. In order to provide parents and participants the option to exercise their right to privacy, the Recreation Department is providing the opportunity to have individual names and pictures removed from all lists and publications.

- Please exclude my child's name/picture from all programs and publications.
- Please include my child's name/picture on programs, publications and website.
- Please include my child's picture, but not my child's name on programs, publications and website.

I _____ realize that a risk of being injured is inherent in all sports. I realize the risk of
(Please print name)
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.

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 NJ 08648



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



LAWRENCE TOWNSHIP RECREATION DEPARTMENT

PARENTAL PERMISSION AND MEDICAL DATA FORMS

I hereby give permission for my child _____ to participate in
Please print child's name
the Lawrence Township Recreation Department _____ Program.
I also give permission for my child to receive any medical or surgical care necessary from a physician, hospital, or emergency squad. I understand that every reasonable attempt will be made to notify me prior to treatment and I give permission for the physician or hospital to treat my child in the event I am not able to provide consent.

MEDICAL INFORMATION AND DATA

Date of Birth _____ Age _____

Health Insurance (name & number) _____

Child is allergic to the following _____

Special medical problems of child _____

Hospital Preference _____

Emergency Contact _____ (_____) Phone _____

Name

Relationship

Relative Name _____ Phone _____

My child is permitted to: ride a bicycle home _____

Yes

No

walk home

Yes

No

Signature _____ Date _____

Name (printed) _____

Address _____

Home phone _____ Cell phone _____