

46 Mountain Blvd.  
Warren, New Jersey  
07059



Eleanora Hermann, Director  
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## REGISTRATION FORM

Parent/Legal Guardian Name: (If over 18 enter registrant Name)				
Home Phone:	Cell Phone:	Email Address: (for registration confirmation and program updates)		
Address:	City:	State:	Zip:	Township:
Emergency Contact:		Phone:	Cell Phone:	
Medical/Physical Limitations or Conditions:				

You may sign up more than one registrant in the same family on this form. Please send completed registration form and check to Warren Township Recreation, 46 Mountain Blvd., Warren, NJ 07059.

\* fill in for registrants under age 18 only

Registrant Name	Class/Program Name/Code	Class/Program Date & Time	*Date of Birth	*Age/Grade	Fee
<b>Make checks payable to Warren Township Recreation.</b>					<b>TOTAL: \$</b>

**Read and sign below:**

**NO REFUNDS**

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 Warren Township Recreation Commission. I hereby release the Township of Warren, any of its elected or appointed officials, instructors, employees, volunteers 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 or event.

Self or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:    Date: _____    Check #: _____    Amount: _____
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