

46 Mountain Blvd.
Warren, New Jersey
07059



Eleanora Hermann, Director
Phone: (908) 753-8000 x 270
Fax: (908) 753-7768
Email: recreation@warrentboe.org

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:			Shirt size: YS6-8 YM10-12 YL14-16 AS AM AL	

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	Class Date & Time	*Date of Birth	*Age/Grade as of Sept. (current year)	Fee
Make checks payable to Warren Township Recreation.					TOTAL: \$

NO REFUNDS

Read and sign below:

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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