

Book: _____

HANOVER TOWNSHIP RECREATION COMMISSION

15 NORTH JEFFERSON ROAD, WHIPPANY, NJ 07981

(973) 428-2463 www.hanovertownship.com

Name of Participant: _____

Phone No.: _____

(Please print)

Address: _____

Cell Phone: _____

Town : _____

E-Mail Address _____

Male____ Female____ Adult____ Child____ Grade____ Age____ Birth date (____ / ____ / ____)

NAME OF PROGRAM	START DATE	DAY/DAYS	TIME	FEE

CASH OR CHECKS ONLY MADE PAYABLE TO "TOWNSHIP OF HANOVER"

PARTICIPANT WAIVER STATEMENT

In consideration for the Township of Hanover permitting my child to participate on a field or to use a facility, I hereby agree and/or represent the following:

1. He/She is in good mental and physical health.
2. I understand that there may be some risks involved in the participation of the above sporting activity, including, but not limited to those associated with weather conditions, equipment or other participants.
3. As a parent, I fully assume the risk associated with the participation in said sporting activity.
4. I hereby waive any and all claims that I may have against the Township of Hanover and its employees and agents arising out of any personal injury or property damage that is incurred during said participation, whether active or inactive.

(Signature of Participant or Parent/Guardian if under 18)

Date

Are there any special health problems or characteristics of which your child's director/coach/instructor should be aware of:

Emergency Contact:

Name

Phone Number

For Office Use Only:

Check _____ Cash _____ Date _____ By: _____

PLEASE INITIAL/DATE WHEN ENTERED IN COMPUTER - _____ Receipt # _____