



# PROGRAM REGISTRATION

## PLEASE NOTE:

**For Youth programs**, please present a copy of child's BIRTH CERTIFICATE or CURRENT YEAR REPORT CARD where noted.

**For Adult programs**, please present a copy of your NJ DRIVER'S LICENSE.

**\*\*Registration is INCOMPLETE without proper identification and will not be processed\*\***

PARTICIPANT NAME (PLEASE PRINT)		AGE	BIRTH DATE	GENDER	GRADE	ACTIVITY NAME, DAY & TIME
LAST	FIRST					

Parent/Guardian Last Name (PLEASE PRINT)		Parent/Guardian First Name (PLEASE PRINT)	
Address			
City		State	Zip Code
Day ( )		Evening ( )	Cell ( )
Email Address			

## PARENT/GUARDIAN PROGRAM AUTHORIZATION (PLEASE PRINT)

My child will be picked up by (Mothers Name) \_\_\_\_\_ (Fathers Name) \_\_\_\_\_  
(Other) \_\_\_\_\_ (Relationship) \_\_\_\_\_

My child has permission to walk/bike home. ☐ YES ☐ NO

Are there any medical concerns, medication, or allergies that we should be aware of? If yes, please describe:

Do you or your child need a modification due to a disability or special need in order to enjoy this program? If yes, please describe:

I hereby authorize the Franklin Township Department of Parks and Recreation to act for me according to their best judgment in any emergency requiring medical attention. I have read and agree to abide by the Township of Franklin Parks & Recreation Department policies & procedures.

## GENERAL PARTICIPATION PHOTO RELEASE: Please check one.

- ☐ Yes, I will allow pictures to be taken of me or my child(ren) and used for display and/or publicity purposes by the Township of Franklin.
- ☐ No, I do not permit pictures to be taken of me or my child(ren).

I, the undersigned, hereby agree to allow the individual(s) named hereon to participate in the Township of Franklin Recreation Department activities. I certify that, to the best of my knowledge, the participant(s) named hereon is/are physically fit and able to engage in recreational activities. My signature acknowledges that I understand and agree to the above terms and conditions.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Circle One: Parent / Guardian / Participant