



YOUTH ACTIVITY REGISTRATION FORM **Montclair**

ACTIVITY: _____

SPRING/SUMMER OR FALL/WINTER YEAR: _____

NAME: _____ CIRCLE ONE: BOY OR GIRL

ADDRESS _____ TOWN: _____ ZIP: _____

DATE OF BIRTH: _____ AGE: _____ SCHOOL: _____ GRADE: _____

HOME PHONE : _____ EMERGENCY PHONE: _____

EMAIL ADDRESS: _____

NAME OF PERSON TO CONTACT AT EMERGENCY NUMBER: _____

HAS YOUR CHILD EVER PARTICIPATED IN A MONTCLAIR RECREATION PROGRAM YES OR NO?

WOULD YOU BE WILLING TO BE A COACH OR ASSISTANT COACH FOR THIS PROGRAM?

YES OR NO (please circle) NAME OF PERSON VOLUNTEERING: _____

PLEASE READ AND SIGN BELOW

I/We the parents of the child above, do hereby give my/our approval to his/her participation in any and all activities. I/We do assume all risk and hazards incidental to the conduct of the activities and transportation to and from the activities; and do further hereby release, absolve, indemnify and hold harmless the Township of Montclair and the organizers, sponsors, and the supervisors; any or all of them. In case of injury to my/our child, I/We hereby wave all claims against the organizers, sponsors or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from the activities. I/We furnish his/her certified birth certificate upon request.

SIGNATURE: _____ DATE: _____

(PARENT OR GUARDIAN)

FOR OFFICE USE ONLY

REGISTERED BY: _____ DATE: _____ FEE: _____ CHECK OR CASH
CHECK # _____