

Blairstown Department of Recreation
106 Route 94, Blairstown, NJ 07825

Registration Form and Procedure

**Registration closes one week prior to the start of the program
or if the program has already been filled at an earlier date!**



Registration may be In-Person, Mail-In or Drop off Box.



Drop off Box is located outside the Municipal Building.

Registrations will be stamped the date it is received.



For additional information click on *Registration Information*.

Registration Form

This form may be used for in person registration, mail-in registration or drop off box. Please use one form per participant, per program.

Program _____ Participant _____

Address _____ Telephone _____

Age (if under 18) _____ Grade _____ DOB _____ Adult (check) _____

Emergency Contact _____ Telephone _____

Session _____ Amount encl. \$ _____ Non.-res.Fee _____

Medical/Allergy Info if Applicable _____

I am aware that Blairstown Township Recreation Department does not provide accident insurance. I agree to hold harmless the Township, staff, and volunteers from any liability for any injury which may occur while participating in this program. I am aware the School Nurse is not on duty during the time this program operates. I also give my permission for the Blairstown Department of Recreation to make a non-commercial use of any activity photographs or video of myself/child.

Signature _____ Date _____