

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

**Registration/Waiver 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.

Forms will be stamped the date it is received.

**TWO** telephone contact numbers must be listed on form.

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Registration/Waiver Form

Program \_\_\_\_\_ Participant \_\_\_\_\_

Address \_\_\_\_\_ Telephone #1 \_\_\_\_\_

Age (if under 18) \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Adult (check) \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Telephone \_\_\_\_\_

Session \_\_\_\_\_ Amount incl. \$ \_\_\_\_\_ 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 understand the Staff, and volunteers cannot administer any medical assistance or aid in case of a medical emergency. I am aware that in case of an emergency 911 will be contacted along with the contact numbers I have listed on this form. I am aware the School Nurse is not on duty during the time this program operates.

*Please circle appropriate action regarding your child's medication if applicable:*

My child may self-administer their medication.

My child may NOT self-administer their medication.

I give my permission for the Blairstown Department of Recreation to make a non-commercial use of any activity photographs or video of myself/child.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_