



REGISTRATION FORM



PLEASE NOTE:

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

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

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

PARTICIPANT NAME (Please Print)		AGE	GENDER	BIRTH DATE	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, allergies, emotional or learning problems that we should be aware of? YES NO

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