



Gloucester Township Recreation Department Program Registration Form

Program Name: _____ Location: _____

Name: _____ School: _____ Current Grade: _____ Age: _____ DOB: _____
Name: _____ School: _____ Current Grade: _____ Age: _____ DOB: _____
Name: _____ School: _____ Current Grade: _____ Age: _____ DOB: _____

ADDRESS: _____ City, State, Zip: _____ Phone: _____
Cell Phone: _____ Email: _____

Emergency Contacts:

Name: _____ Phone: _____ Relationship: _____

PLEASE READ AND SIGN BELOW:

I, the parent/guardian of the participant listed above, so hereby consent and allow his/her participation in the above program. I agree to indemnify and hold harmless the Township of Gloucester, its agents and employees from any injuries or damages I or my child may sustain while participating in this program. **I also understand, should I need a refund for any reason, that I need to request it before 20% of the program is done, minus a \$10.00 processing fee, and it may take up to 30-45 days to process a refund. All returned checks are subject to a \$25.00 fee.**

Parent/Guardian Self Signature: _____ Date: _____

FOR OFFICE USE ONLY:

RESIDENT: _____ **NON-RESIDENT:** _____

Proof of Residency:

_____ Driver's Lic. _____ Utility Bill
_____ Tax Bill _____ Check Imprint
_____ Other _____

Twp Receipt #: _____
Cash: _____
Check: _____
Date: _____
Initials: _____

Contractor Receipt #: _____
Cash (Amount): _____
Check (# & Amount): _____