



# 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): \_\_\_\_\_