

MONTGOMERY RECREATION DEPARTMENT REGISTRATION FORM

Date: _____

Adult/Parent Name _____ Home Phone _____ Cell/Work # _____

Street Address _____ City _____ State _____ Zip Code _____

Email Address _____ Emergency Contact Name _____ Cell/Work # _____

Participant 1: _____ Male/Female _____
 Name (circle one) Grade Age T-Shirt Size
 (if applicable)

Program _____ Date(s) _____ Location _____ Fee \$ _____

Program _____ Date(s) _____ Location _____ Fee \$ _____

Participant 2: _____ Male/Female _____
 Name (circle one) Grade Age T-Shirt Size
 (if applicable)

Program _____ Date(s) _____ Location _____ Fee \$ _____

Program _____ Date(s) _____ Location _____ Fee \$ _____

Checks are payable to: Montgomery Recreation Department Total Due \$ _____
 356 Skillman Road
 Skillman NJ 08558 Amount Paid \$ _____ Check # _____
 609-466-3023 Amount Paid \$ _____ Check # _____
 Total Cash Paid \$ _____

I understand that the programs in this brochure are sponsored by the Montgomery Township Recreation Department, and hereby, waive, release, absolve, indemnify, and agree to hold harmless, Montgomery Township, the class organizers, supervisors, and chaperones, for any claim arising out of an injury to myself/son/daughter. I understand I will not receive a refund or credit for any class/program/trip unless it is cancelled by the Recreation Department.

 Signature Date

Note: Please make out separate checks for trips & any other classes that require separate payment. All non-residents must pay an additional \$30.00 out of town fee per program. Senior Citizens (55+) may take 10% off Adult School Classes, this does not include trips.