# WEST WINDSOR DIVISION OF RECREATION AND PARKS
# REGISTRATION FORM

Name of Registrant
_____

Street Address
_____

City _____ State _____ Zip _____

Phone Number _____ _____
HOME WORK

Emergency Contact Name _____

Emergency Contact Phone _____

Email Address _____

Birthdate ___/____/_____ Age _____ Grade as of 9/2009 _____ Male ___Female ___

Name of Parent(s) _____

Swim Team September – March M-F
_____
NAME OF PROGRAM SESSION TIME/DAYS

I _____ realize that there is a risk of being injured that is inherent in all sports. I realize the risk of injury may be severe, including the risk of fractures, brain injuries, or even death. I also understand the NO REFUNDS WILL BE ISSUED, unless the Division of Recreation and parks cancels the program. I understand this and wish (my child) to participate in the above program.

_____ _____
Participant/Parent (if under 18) DATE

Please complete one registration form per person.
Checks should be made payable to West Windsor Division of Recreation and Parks.