

Gloucester Township Recreation Department Program Registration
P.O. Box 8, Blackwood, NJ 08012 Tel: 856-435-5734/Fax: 856-782-8962

Program Name: _____ Location: _____
1) Name: _____ Current Grade: ____ School: _____ Age: ____ DOB: _____
2) Name: _____ Current Grade: ____ School: _____ Age: ____ DOB: _____

ADDRESS: _____ City, State, Zip: _____
Phone: _____ Work Phone: _____

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.

Parent/Guardian/Self Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Proof of Residency:

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

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