

Registration Form

REGISTRATION FORM

ERD USE ONLY

___ Check
___ Money Order
___ Material Fees paid

Registration Accepted by: ___
Date: ___
Deposited by: ___
Date: ___

Adult Name: _____
Street Address: _____
City: _____ State: ___ Zip Code: _____
Day Phone: (____) ____ - _____
Evening Phone: (____) ____ - _____
Emergency Phone: (____) ____ - _____

Participants Information:

Last Name	First Name	Activity Name	Activity Time	Grade	DOB	Sex
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

All Known Allergies: _____

In consideration of registrant be granted permission by the Borough of Edgewater, NJ to participate in this program and associated activities, I hereby release the Borough of Edgewater, NJ and its officers, employees, agents, and volunteers from any and all liability relating to or arising out of the registrant's participation. I authorize the Borough of Edgewater and its officials, employees, agents, and volunteers at any such discretion, to administer emergency first aid treatment and, at my expense, to obtain the services of a physician(s) and/ or rescue squad and to authorize the same to effect such treatment of the registrant as they deem advisable.

Signature (or signature of parent/guardian): _____
Date: _____