

## **Adult General Registration Form**

Name of Program and Session \_\_\_\_\_ Today's Date \_\_\_\_\_

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

*In case of Emergency notify:*

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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### **Health History**

Doctor's Name and Phone \_\_\_\_\_

Ear Infections _____	Rheumatic Fever _____	<u>Allergies</u>	<u>Diseases</u>
Convulsions _____	Diabetes _____	Hay Fever _____	Chicken Pox _____
Behavior _____	Tetanus Booster _____	Poison Ivy _____	Measles _____
Operations or serious injuries (dates) _____		Penicillin _____	G. Measles _____
Special Diet _____		Other Drugs _____	Mumps _____
		Asthma _____	

Chronic or recurring illnesses (include Allergies, specific activities to be encouraged or restricted)

Special Medications \_\_\_\_\_ Will you have it with you? Yes or No (circle one)

In the event of an emergency, I hereby give permission to the Physician selected by the Recreation and Parks Department to administer emergency medical care for myself.

Signature: \_\_\_\_\_

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### **Participation Waiver and Release**

I hereby agree to participate in \_\_\_\_\_ program given by the Cranford Recreation and Parks Department, its employees, instructors and agents upon the understanding and condition that:

1. I represent to the Recreation and Parks Department that I am Physically capable of participating in a cardiovascular exercise program and that to the extent necessary in light of my prior health history, weight, and general physical condition, I have consulted my personal physician or other health authority before deciding to participate.
2. I recognize the risks of illness and injury inherent in any exercise program and I am participating in the Community Center's Program upon the express agreement and understanding that I am hereby waiving and releasing the Recreation and Parks Department and the Township of Cranford from any and all claims arising out of my participation in the township's programs or any illness or injury resulting there from. I hereby further agree to indemnify and hold harmless the Recreation and Parks Department and the Township of Cranford from and against any and all such claims.
3. I agree to inform the Recreation and Parks Department of any changes in my physical condition, which might in any way adversely affect my ability to participate in the program safely.

Signature: \_\_\_\_\_ Address \_\_\_\_\_

*For more information call 908-709-7283*  
Cranford Recreation and Parks, 220 Walnut Avenue, Cranford, NJ 07016