

General Youth Registration Form

Today's Date _____

Office Use Only:

Receipt # _____

Name of Program and Session _____ Grade as of 9/2016 _____

Name of Participant _____ Age _____ D.O.B. _____ Male/Female _____

Address _____ Home Phone _____

Mother's Name _____ Cell or Work Phone _____

Father's Name _____ Cell or Work Phone _____

Email Address _____

If parents are not available in an Emergency notify:

Name _____ Address _____ Phone _____

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

Special Medications _____ Is the parent sending it? Yes or No (circle one)

In the event I cannot be reached in an emergency, I hereby give permission to the Physician selected by the Recreation and Parks Department to administer emergency medical care for my child.

Signature of Parent or Guardian: _____

Participation Waiver and Release

I hereby agree to allow my child 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 he/she is Physically capable of participating in a cardiovascular exercise program and that to the extent necessary in light of his/her prior health history, weight, and general physical condition, I have consulted his/her personal physician or other health authority before allowing him/her to participate.
2. I recognize the risks of illness and injury inherent in any exercise program and he/she is 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 child's 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 child's physical condition, which might in any way adversely affect his/her ability to participate in the program safely.
4. I hereby authorize the Township of Cranford ("Cranford") to publish photograph(s) taken of myself and/or the minor child listed, and our names and likenesses, for use in Cranford's website, information, marketing or other Cranford publications or materials. I further acknowledge that participation is voluntary and that neither I nor the minor child listed will receive financial compensation of any type associated with the taking or publication of this photograph(s) or participation in Cranford marketing materials or other Cranford publications. I agree and consent to grant a perpetual license to Cranford to utilize such photographs. I hereby release Cranford, its contractors, its employees and any third parties involved in the creation or publication of Cranford publications from liability for any claims by me or any third party in connection with my participation or the participation of the minor child listed.

Signature of Parent or Guardian: _____ Address _____

For more information call 908-709-7283

Cranford Recreation and Parks, 220 Walnut Avenue, Cranford, NJ 07016