

Hazlet Recreation Registration Form

1766 Union Avenue, Hazlet, NJ 07730

Tel: 732-217-2648 WWW.Hazletwp.org



Participants Information

Male___ Female___ Today's Date ___/___/___ Birthdate___/___/___

First Name_____ Last_____

Street_____ City_____ Zip_____

Cell Phone (_____) _____ - _____ Home Phone (_____) _____ - _____

Email_____@_____

Program or Activity Name_____

Start Date_____ Time_____ Location_____ Fee_____

Check Payable to Hazlet Recreation (Late Fee of \$15.00 will be imposed after Class starts)

Paid Amount \$_____ Check#_____ Cash_____ *NO REFUNDS****

Contact Parent or Guardians information

First Name_____ Last_____

Email_____@_____

*****Address if different than above*****

Street_____ City_____ Zip_____

Cell Phone (_____) _____ - _____ Home Phone (_____) _____ - _____

WAIVER FOR PARTICIPANT AND/BY PARENT – I hereby waive and release all rights and claims that I or my minor child, my heirs, executors, and administrators may have now or that may come into existence against the Township of Hazlet, its employees, officials, agents, successors, and assigns as a result of or in connection with any activity sponsored by Hazlet Recreation. I hereby acknowledge that my registration fee or any Hazlet Recreation program does not include or entitle myself or my child to payment of medical expenses that may arise out of mine or my child's participation in any Recreation program. I acknowledge further that I assume responsibility for myself or my child's medical expenses. I hereby acknowledge that Hazlet Recreation may/may not (cross out one) use myself or my child's photograph or likeness, and mine or my child's name in connection with public presentations, advertising, publicity, and promotional efforts relating to recreation activities.

Signature _____ Parent Guardian Participant