***Registration Form***

# Willingboro Recreation and Parks Department (WREC) Kennedy Center 429 John F. Kennedy Way Willingboro, NJ 08046

# www.willingbororec.com

***(609) 877-2200 ext. 1112/1115 Fax: (609) 871-6990***

***WE CANNOT COMPLETE YOUR REGISTRATION WITHOUT THIS FORM. ALL LINES WITH (\*) MUST BE COMPLETED***

## Program Name: Participant’ s Name\*: FIRST LAST

***Address\*: City\*: State/Zip Code\*: Phone (Home)\*: Cell\*: Email Address: Cell Phone Carrier\*:*** □ *Do you agree to receive text message alerts?*

## Gender:

***Birth Date\*: Age\*:***

***Role in Family: \_***

***Payment Amount \*:' $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Cash: $\_\_\_\_\_\_\_\_\_\_\_Check#: \_\_\_\_\_\_\_\_\_\_\_ Visa/MasterCard#:***

***Exp. Date: Card Verification*** *#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*If participant is under 18 years of age, please complete the following:*

## Parent/Guardian Name\*: FIRST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\*:

***Relationship to the child\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Phone\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

\*\*Important: The Township and its employees are covered by the Township's general liability insurance. The Recreation Department does not provide accident or medical insurance for its program participants. That coverage should be provided by the personal medical insurance of the participant. The Health and Medical Form below is used only in the event of an emergency in which parents/guardians and/or emergency contact cannot be reached and immediate medical attention is needed.

# HEALTH & MEDICAL INFORMATION

## Emergency Contact\*: FIRST LAST Relationship: \_

***Best Phone\*:***

***Allergies\*: Immunizations Current? Yes No Current Medications:***

***Medical History (asthma/ diabetes or ADD/ etc.):***

***Date of last Tetanus Shot: Date of most recent physical exam: Family Doctor: \_***

To the best of my knowledge, all information and history is correct and complete. I give permission for participation in all activities unless specifically noted herein. In the event that a contact person cannot be reached in an emergency, I hereby give permission to the Recreation Dept. to secure proper treatment

***Signature Please Print Your Name Date***