



WEST WINDSOR TOWNSHIP
 Division of Recreation and Parks
 271 Clarksville Road
 Princeton Junction, New Jersey 08550
 (609) 799-6141
www.wwparks-recreation.com

SUMMER PROGRAM REGISTRATION FORM

Name of Registrant _____

Street Address _____

City _____ State _____ Zip _____

Birthdate ___/___/___ Age _____ Grade as of 9/23 _____ Male Female

Parent 1 Name _____ Phone Number _____

Parent 2 Name _____ Phone Number _____

EMAIL ADDRESS _____

Emergency Contact Name _____ Phone _____

T-shirt Size (if camp provides a T-shirt) Youth Sizes: S M L Adult Sizes: S M L XL

NAME OF PROGRAM _____ SESSION/WEEK _____ TIME/DAYS _____

NAME OF PROGRAM _____ SESSION/WEEK _____ TIME/DAYS _____

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I _____ realize there is a risk of being injured that is inherent in all sports. I realize
(participant/parent if under 18)
 the risk of injury may be severe, including the risk of fractures, brain injuries, or even death. I also understand the NO REFUNDS WILL BE ISSUED after June 2, unless the Division of Recreation and Parks cancels the program. All refunds are subject to 20% administrative fee. I understand this and wish (my child) to participate in the above programs. I agree to hold the West Windsor Recreation Commission and their employees harmless from all risk, liability, injury, damage and loss to all persons resulting from participating in the above program(s).

(participant/parent if under 18) DATE _____

I hereby consent that photographs, audios, and videos taken of my child during West Windsor programs may be used by West Windsor for purposes of event documentation, media coverage and promotion of West Windsor programs. Names of students may also be published. Yes _____ No _____

To register by mail, complete this registration form and send a check made payable to West Windsor Recreation. Mail to the following address: West Windsor Recreation and Parks, 271 Clarksville Road, P.O. Box 38, West Windsor, NJ 08550.