



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

REGISTRATION FORM

Name of Registrant _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____
CELL WORK

EMAIL ADDRESS _____

Emergency Contact Name (Parent) _____ Phone: _____

Birthdate ___/___/___ Age _____ Grade as of 9/24 _____ Male Female

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

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

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

I _____ realize there is a risk of being injured that is inherent in all sports. I
(participant/parent if under 18)
realize 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, unless the Division of Recreation and Parks cancels the program. 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 _____

ONLINE REGISTRATION AVAILABLE. Visit our website at www.wwparks-recreation.com for details. Please complete one registration form per program per person. This form may be duplicated. Payment must accompany the registration form.

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.