

Belmar Recreation Registration Form

601 Main Street

Belmar N.J. 07719

732-681-3700 EXT. 211

ACTIVITY _____ Date _____

FEE _____ Check # _____ Cash _____

SHIRT SIZE _____

NAME _____

ADDRESS _____

SCHOOL _____ GRADE _____

PHONE # _____ EMAIL _____

AGE _____ DATE OF BIRTH _____ PARENT/GUARDIAN _____

By signing this form, I hereby agree to permit my child to participate in the activity indicated above. Further I agree to assume responsibility for any injury or illness resulting from said activity, and do hereby hold harmless, and waive all rights and action I may have against the borough of Belmar, Belmar Recreation and all other persons involved in the activity/organization or any facility involved in recreation programs.

I/WE will and do assume all responsibility for MY/OUR child's transportation to and from games and practices. I/WE agree to abide by all rules, regulations and policies set forth by the Belmar Recreation Department

Parent/Guardian

EMERGENCY CONTACT PERSON

Please indicate the name, address and phone # of someone that you want to be notified in the event of an emergency. In the event of an extreme emergency, the Belmar First Aid will be called and the emergency contact will be notified.

Name _____ Phone _____

ADDRESS _____

MEDICAL INFO ABOUT YOUR CHILD _____