THE TOWN OF MORRISTOWN

Division of Recreation
200 South St. P.O. Box 914
Morristown, NJ 07963
Phone 973-292-6717
Fax 973-267-1699
www.TownOfMorristown.org

ACTIVITY REGISTRATION FORM

Please make checks payable to "Town of Morristown". Cash, Checks or Credit Card (Visa, Mastercard, Discover) will be accepted in the Recreation Office.

PARENT / GUARDIAN'S NAME: _____ _____
(FIRST) (LAST)

ADDRESS: _____ EMAIL _____
STREET, TOWN, ZIP CODE *P.O. BOX HOLDERS MUST SHOW PROOF OF RESIDENCY

HOME PHONE: _____ CELL: _____ WORK: _____

PARTICIPANT'S NAME	GRADE	DATE OF BIRTH	GENDER (Circle One)	ACTIVITY NAME
			M / F	
			M / F	
			M / F	
			M / F	

EMERGENCY CONTACT 1 NAME: _____ PHONE: _____

EMERGENCY CONTACT 2 NAME: _____ PHONE: _____

PLEASE LIST ANY MEDICAL NEEDS / ALLERGIES: _____

As in any sporting activity, there are inherent risks and injury that may occur from time to time. I understand these risks and hereby release and discharge the Town of Morristown, its agents, employees, appointed officials, volunteers or associates from any and all claims or actions for losses, damages or personal injuries due to participation in the above named activity. I also declare that the information supplied here is true and accurate.
All adult participants must sign below. Parent/Guardian signature required for minor under 18 years of age.

SIGNATURE: _____ DATE:_____

Please note: 1) Morristown residents are given priority in registering. 2) Your place is not guaranteed until we have received a signed Registration form and payment.
3) There will be no refunds after the first class of any program. Some programs will have a refund deadline up to two weeks prior to the program start, which will be noted on the program flier.