



Morristown Recreation Activity Registration Form

Town of Morristown Division of Recreation 200 South Street, P.O. Box 914 Morristown NJ 07963 Tel: 973-292-6717 townofmorristown.org

Contact Information (please print clearly)

Parent/Legal Guardian Name: Home Address: Town: State: Zip Code: Email (required): Home Phone: Cell Phone:

Participant Information

Table with 5 columns: First Name, Last Name, Date of Birth, Grade, Activity Name. Rows 1-4.

Emergency Contact Information (Other than Parent):

Emergency Contact #1 Name: Relationship to Child: Cell Phone: Emergency Contact #2 Name: Relationship to Child: Cell Phone:

As in any sporting activity, I understand that some inherent risk and inquiry may occur from time to time. I hereby release and discharge the Town of Morristown, its agents, employees, appointed officials, volunteers, commissions or associates from any and all claims or actions for loses, 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 participants must sign below. Parent/Guardian signature required for minor under 18 years of age.

Participant Name (Print) OR Parent/Legal Guardian Name (Print) Participant Name (Signature) OR Parent/Legal Guardian Name (Signature) Date

Please Note:

- 1. Morristown Residents are giving priority in registering. 2. Your place is not guaranteed until we have received a signed Registration Form and payment. 3. Please make all checks payable to "Town of Morristown." 4. Request for refunds must be written and receive 5 days prior to the program start date. 5. No refunds of registrations will be given once a program begins.