

PROGRAM REGISTRATION FORM

Fairfield Recreation Department

(FULLY COMPLETE A REGISTRATION FORM FOR EACH PARTICIPANT)

PARTICIPANT NAME: _____ **FEMALE/MALE (circle one)**

PROGRAM NAME: _____ **FEE: \$** _____

DOB: _____ **GRADE(When program begins):** _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ **TOWN:** _____ **ZIP:** _____

HOME PH: _____ **CELL PH:** _____

E-MAIL: _____

PLEASE CHECK HERE IF THERE ARE ANY CHANGES TO PREVIOUSLY SUBMITTED INFORMATION

IF A MEDICAL CONDITION EXISTS, PLEASE EXPLAIN HERE (physician's clearance may be required): _____

*****ADDITIONAL INFORMATION FOR YOUTH/ADULT SPORTS PROGRAMS*****

***7th & 8th graders trying out for Middle School teams may sign up but must notify the Recreation Office; if they make the school team and withdraw from the Recreation program before uniforms are ordered, they will receive a full refund. Once uniforms are ordered, they will receive a partial refund; once the season begins, no refunds will be issued. If practice is not regularly attended, playing time may be affected.*

UNIFORM SIZE (If applicable): **Shirt Size (please circle one):** Y/S Y/M Y/L A/S A/M A/L A/XL
Shorts/Pants Size (please circle one): Y/S Y/M Y/L A/S A/M A/L A/XL

If parent is interested in coaching, please complete the following:

Name: _____ **Phone:** _____ **Position (circle one):** **HEAD COACH** **ASSISTANT COACH**

EMERGENCY RELEASE WAIVER

I, _____ (or parent/guardian of _____), hereby authorize the Twp. of Fairfield, Dept. of Recreation and emergency care personnel to provide and render necessary medical care and treatment of myself and/or the registered child for any illness or injury, which may be suffered at any time while participating in Dept. of Recreation programs. It is understood that time permitting, specific permission from parent/guardian or family member will be secured in the event that any medical treatment is to be undertaken, but that should any emergency arise, this authorization and consent will cover such an event. Also, I/we hereby accept responsibility for any accident which may occur in connection with this recreation activity, hold harmless the Twp. of Fairfield, and all other parties involved in the promotion and/or conducting of the above named activity. As well, I understand that the Twp. of Fairfield provides NO insurance coverage for this activity. I further agree to indemnify and hold harmless the Twp. of Fairfield, in the promotion and/or conducting of said program(s) identified above, from any claim I might make or any and all third party claims or damages arising in connection with participation with or in the stated programs.

____ ***I have read the above waiver and understand the contents & I have read & agree with the Parent Code of Conduct*

Required Signature of Parent/Guardian: _____ **Date:** _____

This fully completed registration form must accompany all payments. Make checks payable to: 'Fairfield Recreation'

Return to: Fairfield Recreation Department
221 Hollywood Avenue
Fairfield, NJ 07004

****There will be a \$30.00 processing fee on all refunds; once a program begins, no refunds will be issued.***

Would you like to receive e-mails regarding Fairfield Recreation News?

**Go to www.fairfieldnj.org
Click on 'Recreation & Parks'**

FOR OFFICE USE ONLY

Fee paid: \$ _____

Payment type:

____ Cash _____ Check # ____ Credit Card

Rec'd by: _____ Date: _____

If you have any questions about any of our programs, please visit us at www.fairfieldnj.org
or call us at 973-882-2745.