

**TENAFLY RECREATION
PROGRAM REGISTRATION FORM
(PLEASE PRINT CLEARLY)**

ACTIVITY _____ DAY/TIME _____ FEE _____

NAME _____ BIRTH DATE _____ AGE _____ GRADE _____

ADDRESS _____ TOWN _____ SEX _____

PHONE (H) _____ (W) _____ (C) _____

E-MAIL _____

EMERGENCY CONTACT _____ PHONE _____

DOCTORS NAME _____ PHONE _____

SPECIAL MEDICAL INFORMATION _____

FOOD ALLERGIES _____

***FOR GOLF CLINIC ONLY!** (Please check one) _____ Left Handed _____ Right Handed

I, the undersigned, or parent/guardian of the above-named applicant, do hereby give permission for myself or the above named applicant to participate in this specific Tenafly Recreation Board sponsored activity.

I do assume all risks and hazards incidental to this trip, activity and transportation and so further release, absolve and hold harmless the Borough of Tenafly, Tenafly Recreation Board, its agents, instructors and coaches, any or all of them.

I do further understand that accident insurance for this activity is not provided by the Borough of Tenafly or the Tenafly Recreation Board.

I hereby fully consent to emergency medical care to be rendered by competent medical physicians in the event that I or the above-named child should require such attention during this activity.

PARENT'S NAME (Please Print) _____

SIGNATURE _____

DATE _____

**IF YOU WITHDRAW FROM A CLASS AN \$18 PROCESSING FEE
WILL BE DEDUCTED FROM YOUR REFUND.**

RCPT#: _____

CASH: _____

CHECK#: _____

PROOF OF RESIDENCY: _____