HOPEWELL TOWNSHIP
Parks & Recreation Department

HOPEWELL TOWNSHIP PARKS AND RECREATION DEPARTMENT
WRESTLING Program
REGISTRATION FORM – Saturday, June 17, 2017

Participant's Name:_____ Date of Birth:_____Age: _____

Grade Completed: _____ Gender: M / F Home Phone:_____

Street Address:_____
Street City, state, zip

Mother's Name:_____Cell Phone:_____

Father's Name:_____Cell Phone:_____

Parent's Email:_____

Emergency Contact Name(Not parents):_____ Phone:_____

HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE: Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators, or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in the Bulldog Wrestling Camp program. If, in the judgment of the staff, treatment is required for any injury or illness, I also herby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

Please be aware my child has the following medical conditions:

_____

Doctor's Name:_____Phone:_____

SIGNATURE OF PARENT: _____ ***DATE:***_____

HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.
201 Washington Crossing-Pennington Road
Titusville, NJ 08560
Phone # (609) 737-3753