

**ADULT REGISTRATION FORM
MANCHESTER TWP. RECREATION DEPT.
FALL/WINTER 2016/2017**

*Programs are on a first come first serve basis.
Resident mail in registrations are accepted immediately (before walk-ins).
Please mail entire registration form (do not cut).*

MAIL IN REGISTRATION:
Mail check & form to: Recreation Dept.
Manchester Twp.
1 Colonial Drive
Manchester, NJ 08759

WALK IN REGISTRATION:
Recreation Building @ Municipal Complex
Monday ~ Friday
10:00a.m. to 3:00 p.m.

The Department of Recreation reserves the right to cancel, change or postpone any program, trip or activity.

Make checks Payable to: Manchester Township. NO REFUNDS will be issued once a program is in session. All fees are to defray administrative costs. There is a \$20 charge for any returned check.

ONE FORM PER PARTICIPANT ~ PHOTO COPIES ARE ACCEPTED

PRINT - Participant's LAST Name		FIRST Name		Female	Male
				(circle one)	
Street address		Town		State	
				Zip	
Participant Home Phone #		Participant Work Phone #		Participant Cell #	
				Other	
Emergency Contact Name		Emergency Home Phone #		Emergency Cell Phone #	
				Email Address (Required)	

List any medical condition _____



CHECK all programs that you wish to participate in:

**PLEASE NOTE: Separate checks are required for programs indicated with an (*).
Payments for multiple programs with an (*) can be on the same check.**

ADULT PROGRAMS

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>___ Free - Self Defense Seminar</p> <p>* ___ \$65 - Self Defense Clinic</p> <p>* ___ \$65 - Golf (Intro/CoEd Adult)</p> <p>___ \$20 - Senior Volleyball (Whiting)</p> <p>___ \$20 - Senior Basketball (Whiting)</p> <p>___ \$20 - Coed Volleyball (Manchester)</p> | <p>* ___ \$50 - Yoga (CoEd) Sess. (11/03 – 01/12/17)</p> <p>* ___ \$50 - Yoga (CoEd) Sess. (01/26 – 03/30/17)</p> <p>* ___ \$50 - Yoga (CoEd) Sess. (04/13 – 06/15/17)</p> <p>*\$65 - Kum Sung Martial Arts</p> <p>* ___ Session 1: Whiting or MS</p> <p>* ___ Session 2: Whiting or MS</p> <p>* ___ Session 3: Whiting or MS</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



In case of an emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the hospital and attending physician selected by Manchester Township to take any necessary action, including surgery, anesthesia, or injections, that is in the best interest of my child.

Due to the strenuous nature of some activities, registrants should consult a physician prior to participation. It is the responsibility of the participants to inform the Recreation Dept. of any disabilities which may limit his/her participation in a program. Please note that participants assume the responsibility of all reasonable risks which may exist due to participation in Manchester Township sponsored programs.

Participant Signature _____ Date _____

~~~~~FOR RECREATION OFFICE USE ONLY ~ DO NOT WRITE BELOW THIS LINE ~~~~~

|                                 |               |                         |                            |
|---------------------------------|---------------|-------------------------|----------------------------|
| Township Rep.'s initials: _____ | Check # _____ | Total Received \$ _____ | Receipt # _____ ( C or T ) |
|                                 | _____         | Total Received \$ _____ | Receipt # _____ ( C or T ) |
|                                 | _____         | Total Received \$ _____ | Receipt # _____ ( C or T ) |