

YOUTH REGISTRATION FORM FALL/WINTER 2018/2019

MANCHESTER TWP. RECREATION DEPT.

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).

RESIDENT MAIL IN DEADLINE: Mon. 10/15/18
 Mail check & form to: Recreation Dept.
 Manchester Twp.
 1 Colonial Drive
 Manchester, NJ 08759

WALK IN REGISTRATION:
 Recreation Building @ Municipal Complex
 Monday, Sept. 24 ~ Friday, Oct. 12, 2018
 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

<u>PRINT</u> - Participant's LAST Name	FIRST Name	Female (circle one)	Male	Age	DOB	Grade
Street address	Town	State		Zip		
Mother/Guardian	Home Phone #	Work Phone #		Cell #		
Father/Guardian	Cell or Work#	Emergency Contact Name		Phone Number	Relation	

List any medical condition (s): _____ Email Address: _____

(Required)



Shirt Sizes/Circle One (does not apply to all programs): YS (6-8); YM (10-12); YL (14-16); AS; AM; AL; AXL
PLEASE ~ Separate checks are required for all programs indicated with an (*). Payments for multiple programs with an (*) can be on the same check.

YOUTH PROGRAMS

- | | | |
|---------------------------------------|--------------------------------------|------------------------------------|
| ___ \$50 - Bidy Basketball (Gr. 2-4) | *\$65 - Kum Sung Martial Arts (2+) | * ___ \$55 - Jr. Golf (Ages 6-16) |
| ___ \$50 - Jr. Basketball (Gr. 5-7) | ___ Sess. 1: (09/10 - 11/26) | * ___ \$80 - Tumbling (Age 5-18) |
| ___ \$50 - Sr. Basketball (Gr. 8-10) | ___ Sess. 2: (12/03 - 03/04) | ___ \$40 - Indoor Soccer (Gr. K-3) |
| ___ \$45 - Wrestling (Gr. 1-8) | ___ Sess. 3: (03/11 - 05/27) | ___ \$40 - Indoor Soccer (Gr. 4&5) |
| ___ \$30 - Musical Theatre (Gr. 3-12) | * ___ \$65 - Kickboxing (14 & up) | ___ \$40 - Field Hockey (Gr. 5-8) |
| | ___ \$20 - CoEd Volleyball (14 & up) | |



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. Accordingly, I waive all claims against Manchester Twp., for reimbursement of medical bills and damages sustained on account of any injury which may occur.

Parent/Guardian's Signature _____ Date _____

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

|                    |                   |               |                         |                 |                 |          |
|--------------------|-------------------|---------------|-------------------------|-----------------|-----------------|----------|
| Received by: _____ | Entered by: _____ | Check # _____ | Total Received \$ _____ | Late fee: _____ | Receipt # _____ | (C or T) |
| Received by: _____ | Entered by: _____ | Check # _____ | Total Received \$ _____ | Late fee: _____ | Receipt # _____ | (C or T) |
| Received by: _____ | Entered by: _____ | Check # _____ | Total Received \$ _____ | Late fee: _____ | Receipt # _____ | (C or T) |