

WASHINGTON BOROUGH RECREATION DEPARTMENT SENIOR SPLASH SWIM 2011
NON-REFUNDABLE REGISTRATION FEE

- \$55 per participant, resident \$65 per participant, non-resident

Registration dates June 11th - July 8th. Maximum participation of 20 guests.

*Participants should consult your physician before attempting any exercise program.

Please make checks payable to Borough of Washington.

Enrollment can be limited at the Recreation Department's discretion.

PLEASE PRINT:

Name _____		
Male _____	Female _____	Date of Birth _____ Age _____ Phone _____
Cell Phone # _____	Email address: _____	
Home Address _____	City/State _____	Zip Code _____

PHYSICIAN _____	PHONE# _____
EMERGENCY CONTACTS:	
1. _____	PHONE # _____
2. _____	PHONE # _____
PLEASE LIST ANY ALLERGIES, MEDICAL CONDITIONS, MEDICINES OR ANY OTHER CONDITIONS THAT MAY IMPACT THE PARTICIPANT'S EXERCISE:	

We assume all risks and hazards incidental to such participation arising out of any and all activities whether the result of negligence or any other cause except to the extent and in the amount covered by excess accident and/or liability insurance held by recreation. We do hereby waive, release, absolve, indemnify and agree to hold harmless the members of the Washington Boro Recreation Department, coaches, organizers, sponsors and participants.

In the case of an emergency, I give permission for the coach to call a doctor and/or send the participant named above to a hospital or doctor's office.

Participant Signature _____ Date _____

Fee paid \$ _____ Check #: _____ Received by: _____ Date: _____

Washington Borough Recreation Department, 100 Belvidere Avenue; Washington, NJ 07882.

I have clearance from my physician to participate in this water aerobic program.

I agree to allow any pictures taken of the program to be used on the Borough Website and Facebook page with no names and addresses. This information will not be shared with any other entities.