

# Washington Borough Recreation Department

## Karate / Self-Defense - Session 1 - 2011

NON-REFUNDABLE REGISTRATION FEE

Shirt Size: YS YM YL YXL

Please make checks payable to Borough of Washington

AS AM AL AXL  
(circle one)

Resident Fee: \$40 per participant

Non-Resident Fee: \$45 per participant

Late Registration Fee: \$10 per participant – applies after December 18, 2010

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

PLEASE PRINT:

Parent or Guardian Name _____
Player's Name _____ Male _____ Female _____
Date of Birth _____ Age _____ Grade _____ Phone # _____
E-mail Address _____
Home Address _____ City/State _____ Zip Code _____

PLEASE DON'T FORGET THIS INFORMATION!!!!

PHYSICIAN \_\_\_\_\_ PHONE# \_\_\_\_\_

DENTIST \_\_\_\_\_ PHONE # \_\_\_\_\_

EMERGENCY CONTACTS:

1. \_\_\_\_\_ PHONE # \_\_\_\_\_

2. \_\_\_\_\_ PHONE # \_\_\_\_\_

PLEASE LIST ANY ALLERGIES/MEDICAL CONDITIONS OR ANY OTHER CONDITIONS THE COACHS SHOULD BE AWARE:

\_\_\_\_\_  
\_\_\_\_\_

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 the local league. We do hereby waive, release, absolve, indemnify and agree to hold harmless the members of the Washington Boro Recreation Department, coaches, organizers, sponsors, participants and persons transporting us and/or our child to and from sponsored activities.

If I, or the emergency contacts, cannot be reached by phone, I give my permission for the instructors to call a doctor or send the above named participant to the hospital or doctor's office in case of emergency.

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE

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

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

washingtonboro-nj.org