

REGISTRATION FORM - You must enclose a stamped, business size, self addressed envelope with your registration. Failure to do so may result in delay of processing and may put you at risk for losing your spot in an activity. Checks should be made payable to: The Township of North Brunswick. Mail registration forms to: DPRCS Registration, 710 Hermann Road, North Brunswick, NJ 08902.

Registration is on a first come, first serve basis. **ACTIVITY FEES ARE NON-REFUNDABLE**

Family's Last Name _____ Address: _____

Town: _____ Zip: _____

Home Phone: (_____) _____ E-Mail: _____

Fill in following if registering a minor

Father's Name: _____ Work Phone : (_____) _____ ext. _____

Cell Phone: (_____) _____

Mother's Name: _____ Work Phone : (_____) _____ ext. _____

Cell Phone: (_____) _____

Emergency Contact: First Name: _____ Last Name: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ ext. _____

Cell Phone: (_____) _____

CODE OF CONDUCT- The Department of Parks, Recreation & Community Services advocates and supports youth and adult programs in North Brunswick. The DPRCS staff prides itself in offering educational opportunities through leisure experiences. Participation in DPRCS programs is subject to the observance of DPRCS rules and procedures. The activities outline below are strictly prohibited. Any participant or staff member who violates this Code is subject to discipline, up to and including removal from the program.

- Abusive language towards a staff member, volunteer or another participant
- Possession or use of alcoholic beverages or illegal drugs on North Brunswick Township property or reporting to the program while under the influence of drugs or alcohol
- Bringing onto North Brunswick Township property dangerous or unauthorized materials such as firearms ,weapons or other similar items
- Discourtesy or rudeness to a fellow participant, staff member or volunteer
- Verbal, physical or visual harassment of another participant, staff member or volunteer
- Conduct endangering the life, safety, health, or well-being of others
- Failure to follow any Department of Parks, Recreation & Community Services policy or procedure
- Bullying or taking unfair advantage of any participant
- Failing to cooperate with adult supervisor / leader / mentor
- Failure to leave area in the condition in which you found it, including restrooms, gym, hallways and any other area used.

MEDICAL RELEASE: I recognize that participation in contact sports and other activities may occasionally lead to injury. The most common injuries are abrasions, bruises, sprains, and strains. Less common injuries, but perhaps more serious, may occur. I hereby authorize emergency medical care for my child(ren) or myself. If, in the judgment of the staff, treatment is required for injury or illness, I hereby authorize the administering of anesthetics & recourse to other procedures deemed necessary by attending physician. I recognize that I am financially responsible for any expenses for medical care or transportation incurred.

Doctor's Name: _____ Doctor's Phone: _____

HOLD HARMLESS AGREEMENT: I agree to abide by the conditions herein and agree to hold harmless, waive, and release any and all claims for damages against the Department of Parks, Recreation & Community Services, Township of North Brunswick, North Brunswick Board of Education, its agents and employees, and other such Individuals who may be involved in the planning and implementation of this / these programs.

I have read and understand the Code of Conduct, Medical Release, and Hold Harmless Agreement

Signature: _____ **Date:** _____

DPRCS ID Cards for ALL school-aged children are Required at all DPRCS Activities. A wallet sized photo is required. ID Cards should be purchased during office hours for a fee of \$10.00 Cards are valid for one year from purchase date.

*****If you are registering for a swim lesson, a swim test card must accompany registration form*****

Participant's Name		Date of Birth	Sex	School (if child)	Grade	Program Code		Amount
Last	First					1st Choice	2nd Choice	

Payment Method: ___ Cash (don't mail) ___ Check # _____ Credit Card Mastercard ___ Visa ___ **TOTAL** _____
 Card # _____ Exp. Date _____ Signature: _____

Photos are taken during programs, special events and Township functions. Please note, the Township may print your photo in the Township brochure, on TV 15, or any other Township mailing. If you have any objections please contact Lou Ann Benson 732-247-0922 ext. 475.