

HANOVER TOWNSHIP RECREATION COMMISSION
15 NORTH JEFFERSON ROAD, WHIPPANY, NY 07981 - (973-428-2463)

BEE MEADOW SWIM TEAM SWIMMER APPLICATION

Applicant's Name: _____ New: _____ Returning: _____

Address: _____ Home #: _____

Town: _____ Cell #: _____

Email: _____

Male: _____ Female: _____ Grade: _____ Age: _____ Birthdate: _____

T-Shirt Size (circle): YS YM YL AS AM AL AXL AXXL

Cost Per Family: *Please note - an original birth certificate is required for all first-time registrants.

1 swimmer - \$75

2 swimmers - \$125

3 or more swimmers - \$150

Please make check payable to: **Hanover Township Recreation**

PARTICIPANT WAIVER STATEMENT

In consideration for the Township of Hanover permitting my child to participate, I hereby agree and/or represent the following:

1. He/She is in good mental and physical health.
2. I understand that there may be some risks involved in the participation of the above sporting activity, including but not limited to those associated with weather conditions, equipment or other participants.
3. As a parent, I fully assume the risk associated with the participation in said sporting activity.
4. I hereby waive any and all claims that I may have against the Township of Hanover and its employees and agents arising out of any personal injury or property damage that is incurred during said participation, active or inactive.

Signature of Participant or Parent/Guardian if under 18

Date

Person to contact in emergency OTHER than parent:

NAME

PHONE NUMBER

Please see separate Parent Volunteer Form as parent participation is required.

FOR ADMINISTRATIVE USE ONLY

Age: _____ Date: _____ Birth Certificate Checked By: _____