

HANOVER TOWNSHIP RECREATION COMMISSION

15 NORTH JEFFERSON ROAD, WHIPPANY, NJ 07981

(973) 428-2463 www.hanovertownship.com

WILDCATS REGISTRATION FORM

Name of Participant: _____
(please print)

Phone No.: _____

Address: _____

Cell Phone: _____

Town: _____

E-Mail Address: _____

Adult _____ Child _____ Male _____ Female _____

Child Information: Grade _____ Age _____ Birthdate: (____/____/____)

NOTE: ALL ABOVE INFORMATION IS REQUIRED

Shirt Size – (YOUTH): Small___ Medium___ Large___

(ADULT) Small___ Medium___ Large___

CIRCLE PROGRAM SELECTION BELOW:

Baseball (Grade 4-8) June 26-June 30 9:00 a.m. – 3:00 p.m. Cost: \$195.00	Girls Basketball (Grade 4-8) July 10-July 14 9:00 a.m. – 3:00 p.m. Cost: \$195.00	Girls Soccer (Grade 4-8) July 17-July 21 8:00 a.m. – 11:00 a.m. Cost: \$100.00	Boys Basketball (Grade 4-8) July 17-July 21 9:00 a.m. – 3:00 p.m. Cost: \$195.00
Softball (Grade 4-8) July 24-July 28 9:00 a.m. – 3:00 p.m. Cost: \$195.00	Boys Soccer (Grade 4-8) July 24-July 28 8:00 a.m. – 11:00 a.m. Cost: \$100.00	Football (Grade 3-8) July 31-August 4 8:30 a.m. – 11:30 a.m. Cost: \$90.00	Cheerleading (Grade 4-8) July 31-August 4 9:00 a.m. – 12:00 p.m. Cost: \$100.00

PARTICIPANT WAIVER STATEMENT

In consideration for the Township of Hanover permitting my child to participate on a field or to use a facility, 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, whether active or inactive.

(Signature of Participant or Parent/Guardian if under 18)

(Date)

Are there any special HEALTH PROBLEMS or characteristics of which your child's director/coach/instructor Should be aware of: _____

Person to contact in emergency OTHER than parent:

Name

Phone Number

FOR OFFICE USE ONLY:

Check _____ Cash _____ Date _____ By: _____