

**HANOVER TOWNSHIP RECREATION COMMISSION**

15 NORTH JEFFERSON ROAD, WHIPPANY, NJ 07981

(973) 428-2463 [www.hanovertownship.com](http://www.hanovertownship.com)

**2017SPORTS CLINICS**

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\_\_\_\_

**CHECK PROGRAM SELECTION BELOW:**

Basketball July 10-July13 \_\_\_\_\_ Soccer July 17-July20 \_\_\_\_\_ Outdoor Games July 24-July27 \_\_\_\_\_ Indoor Games July 31-August 3 \_\_\_\_\_

**Please be aware that registration closes one week prior to the start of each program**

**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 \_\_\_\_\_ Credit Card \_\_\_\_\_ By: \_\_\_\_\_