



**WEST WINDSOR TOWNSHIP**  
 Division of Recreation and Parks  
 271 Clarksville Road  
 Princeton Junction, New Jersey 08550  
 (609) 799-6141  
[www.wwparks-recreation.com](http://www.wwparks-recreation.com)

**REGISTRATION FORM**

Name of Registrant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_  
HOME CELL

**EMAIL ADDRESS** \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Spec. Needs Program - Nature Of Participant's Disability: \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade as of 9/17 \_\_\_\_\_ Male  Female

Name of Parent(s) \_\_\_\_\_ T Shirt Size \_\_\_\_\_  
 (IF APPLICABLE)

NAME OF PROGRAM \_\_\_\_\_ SESSION \_\_\_\_\_ TIME/DAYS \_\_\_\_\_

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I \_\_\_\_\_ realize there is a risk of being injured that is inherent in all sports. I  
(participant)  
 realize the risk of injury may be severe, including the risk of fractures, brain injuries, or even death. I also understand the NO REFUNDS WILL BE ISSUED, unless the Division of Recreation and Parks cancels the program. I understand this and wish (my child) to participate in the above programs. I agree to hold the West Windsor Recreation Commission and their employees harmless from all risk, liability, injury, damage and loss to all persons resulting from participating in the above program(s).

\_\_\_\_\_  
(participant/parent if under 18)

\_\_\_\_\_  
 DATE

**ONLINE REGISTRATION AVAILABLE.** Visit our website at <http://www.wwparks-recreation.com/> for details. Please complete one registration form per program per person. This form may be duplicated. Payment must accompany the registration form.

To register by mail, complete this registration form and send a check made payable to West Windsor Division of Recreation and Parks. Mail to the following address: West Windsor Division of Recreation and Parks, P.O. Box 38, West Windsor, NJ 08550