WEST WINDSOR TOWNSHIP
Division of Recreation and Parks
271 Clarksville Road
Princeton Junction, New Jersey 08550
(609) 799-6141
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 9/18_____ Male ☐ Female ☐

Name of Parent(s)_____T Shirt Size_____
(IF APPLICABLE)

NAME OF PROGRAM	SESSION	TIME/DAYS

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