

TENAFLY RECREATION COMMISSION  
PROGRAM REGISTRATION FORM



ACTIVITY \_\_\_\_\_ DAY/TIME \_\_\_\_\_ FEE \_\_\_\_\_

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE/GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ SEX \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-MAIL \_\_\_\_\_ Would you like to be added to our email list?  YES  NO

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTORS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

SPECIAL MEDICAL INFORMATION \_\_\_\_\_

FOOD ALLERGIES \_\_\_\_\_

**\*FOR GOLF CLINIC ONLY!** (Please check one)  Left Handed  Right Handed

*I, the undersigned, or parent/guardian of the above-named applicant, do hereby give permission for myself or the above named applicant to participate in this specific Tenafly Recreation Commission sponsored activity.*

*I do assume all risks and hazards incidental to this trip, activity and transportation and so further release, absolve and hold harmless the Borough of Tenafly, Tenafly Recreation Commission, its agents, instructors and coaches, any or all of them.*

*I do further understand that accident insurance for this activity is not provided by the Borough of Tenafly or the Tenafly Recreation Commission.*

*I hereby fully consent to emergency medical care to be rendered by competent medical physicians in the event that I or the above-named child should require such attention during this activity.*

PARENT'S NAME (Please Print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**RCPT#:** \_\_\_\_\_

**CASH:** \_\_\_\_\_

**CHECK#:** \_\_\_\_\_

**PROOF OF RESIDENCY:** \_\_\_\_\_