



CITY OF PERTH AMBOY  
Office of Recreation

# Registration Form

Name of Program: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name		Date of Birth	Age	Sex	Fee Paid (if applicable)
Last	First				

Money Order #: \_\_\_\_\_ Total Amt. \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**EMERGENCY CONTACT:** (Must be filled in or child will not be permitted to participate)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medication, if Any: \_\_\_\_\_

Does child have seizures? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

Do you have any additional comments that would help us get to know your child?

**HOLD HARMLESS AGREEMENT:**

I, the undersigned, give my permission and assume all responsibility while I or my child(ren) take part in recreation programs conducted by the Perth Amboy Department of Human Services, Office of Recreation. I agree to hold the City of Perth Amboy, City Employees, including, but not limited to volunteers, invitees, consultants and trainers, harmless as to any and all claims arising from any injury or illness sustained during or as a result of participation in the above referenced program or activity.

I also consent that the City of Perth Amboy may use the name, image voice and/or likeness of my child in any photograph, newsletter, television program or other media/Web Site promoting or advertising the City of Perth Amboy's Office of Recreation Programs.

Parent/Guardian Signature: \_\_\_\_\_