



DENNIS TOWNSHIP RECREATION DEPARTMENT YOUTH REGISTRATION FORM

Participant's Name _____ Sport/Activity _____
Age _____ D.O.B. _____ Male or Female _____ Uniform Size _____ Youth or Adult _____
Grade _____ School _____ Dennis Township Resident? _____
House # _____ Street _____ Town _____ Zip _____
Home Phone # _____ Email Address _____
Mother's Name _____ Work # _____ Father's Name _____ Work # _____
Emergency Contact & Number _____

- As a parent/guardian, you are responsible for any equipment or uniform that your child receives. It is your responsibility to return the equipment and uniform in good condition, allowing for the usual wear and tear, within two weeks of the end of the season. Failure to do so will prohibit your child from registering for any future activity sponsored by the Dennis Township Recreation Department.

Player's Medical History:

Disabilities _____

Allergies _____

Medications _____

Name of Family Doctor _____ Phone # _____

Name of Family Hospitalization Plan _____

Any Other Relevant Information _____

It is recommended that you seek your physician's approval for your child to participate in organized sports. As a parent/guardian, I am fully aware that there are certain inherent risks to my child participating in organized sports programs and that serious injury may result and that protective equipment does not prevent all injuries to players. Therefore, I hereby knowingly and voluntarily release the Township of Dennis, their agents, representatives and employees from all injuries incurred by my child that result from normal course of play. I realize that if an injury does occur that I must notify Dennis Township Recreation, (609) 861-1045, with forty-eight (48) hours.

Parent's Name _____ Signature _____ Date _____
(Please Print) (Required)

Parents, your assistance is needed. Please volunteer for one or more of the following:

Coach _____ Asst. Coach _____ Official _____ Team Parent _____ Concession Stand _____ Sponsor Team _____

Official Use Only

Amount Received \$ _____ Cash _____ Check Number _____

Birth Certificate _____ Staff Initials _____ Date _____