

**TOWNSHIP OF MORRIS PARKS & RECREATION DEPARTMENT  
ACTIVITY REGISTRATION FORM**

www.morristwp.com, 973-326-7371

50 Woodland Ave. P.O. Box 7603, Convent Station, NJ 07961-7603

Hours: Monday – Friday 8:30 AM - 4:30 PM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Known Allergies or Medical Conditions: \_\_\_\_\_

**Please indicate special needs:**

Epi-Pen: **Yes No** Inhaler: **Yes No** Meds for hyperactivity: **Yes No** Allergic to bee stings: **Yes No**

**WAIVER AND RELEASE OF LIABILITY**

I, for myself or as the parent of (name of registrant) \_\_\_\_\_, a minor, agree that, in consideration of being allowed to participate, I/we will abide by the rules of the Township of Morris Parks and Recreation Program and its affiliated organizations and contractors. Recognizing the possibility of physical injury associated with all sports and recreation programs and activities, I hereby release, discharge, hold harmless and/or otherwise indemnify the Township of Morris, its officials, employees, agents, and associated volunteer personnel, against any claim by or on behalf of myself or the registrant as a result of the registrant's participation in the Program. I represent that the registrant has no physical or mental limitation that would preclude him/her from participating in this activity. I knowingly and freely assume all such risks and assume all such responsibility to the fullest extent permitted by law. I fully understand the terms and conditions of this release of liability and assumption of risk agreement and sign it freely and voluntarily without and inducement.

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of (name of registrant) \_\_\_\_\_, a minor, I hereby give consent for emergency medical care, if required, as a result of injury or illness that may occur during this activity. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. I also confirm that my child is physically and mentally capable and qualified to participate in this activity. It is my affirmative obligation to bring any limitations my child may have to the attention of the Township of Morris Parks and Recreation Program.

Name of Parent/Guardian (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

ACTIVITY NAME & NUMBER	DAY	TIME	SEASON	FEE
1.				
2.				
3.				
4.				
5.				

TOTAL DUE \$ \_\_\_\_\_

**Please make checks payable to:** Township of Morris Parks & Recreation Department and send/drop off to the address above.  
\*Please Note: No refunds will be given once classes are in session. Please fill out a form per child/person. Confirmations are e-mailed. Assume confirmation unless you hear from us. Your returned check will be your receipt. Bring/mail registration form to address at the top of this form. This form may be duplicated.

(cut on dotted line)