

I voluntarily agree to participate in the described activity conducted or sponsored by the Bernardsville Recreation Department. I understand that this activity involves a risk of injury and I hereby assume the risk of injury, disability or damages which may occur while I am participating in this activity. To the extent permitted by law, I release and discharge the Borough of Bernardsville and its officials, officers, employees and agents from any liability claims or damages arising out of my participation in this activity. I give permission to the Borough to obtain emergency medical treatment for my child and I understand that I will be responsible for all costs of such treatment. Finally, I release the Borough from any claim whatsoever on account of first aid and other medical treatment rendered to me. Following is my medical insurance information:

Insurance Company: _____ **ID #:** _____

Participant's Signature: _____

EMERGENCY MEDICAL INFORMATION

**BERNARDSVILLE RECREATION DEPARTMENT
BERNARDSVILLE, NJ**

You may also register on line at: <https://register.communitypass.net/Bernardsville>

PLEASE COMPLETE BOTH SIDES OF THIS FORM - ALL FIELDS ARE MANDATORY

Name of Participant: _____ DOB: _____

Emergency Contact: _____ Emergency #: _____

Physician: _____ Physician's #: _____

Allergies (include allergies to medications and insects): _____

If participant is currently taking medications, please list: _____

List any limits to participant's physical activity: _____

EMERGENCY TREATMENT PERMISSION:

Dear Parents:

Most doctors and hospitals need written permission from parents in order to give treatment to a child. We will attempt to contact you if any type of medical attention is needed. However, in the event treatment is necessary and we are unable to contact you, your signature below will authorize the doctor to give treatment. Please supply a health certificate if your child is participating in any physical activity.

TO ANY DOCTOR OR HOSPITAL:

Authorization is given to perform any necessary emergency treatment on my child, whose medical history is listed above.

Signature of Parent

Date

REGISTRATION FORM

REFUNDS: All requests for refunds must be submitted in writing to Bernardsville Rec. seven (7) business days prior to the start of the program/trip. For all programs, a refund cannot be given if the program has started. There is a \$10.00 processing fee for each refund. If a program or trip is cancelled by the Borough, a full refund will be provided.

PLEASE COMPLETE BOTH SIDES OF FORM - ALL FIELDS ARE MANDATORY

(You may also register on line at: <https://register.communitypass.net/Bernardsville>)

Participant's Name: _____ Parent's Name: _____

Street: _____ Town: _____ Zip: _____

Phone #: _____ Phone #: _____

Email: _____ Age: ____ Grade: ____ Boy: ____ Girl: ____

Special needs/disability: If your child has any disability in accordance with ADA, OR if you have any concerns regarding recreation activities for your child, please notify Recreation within six weeks prior to the program to ensure reasonable accommodations.

____ Yes I will contact Recreation (908-766-2546)

Name of Programs (One registration form per child):

Program 1: _____

Program 2: _____

Program 3: _____

Program 4: _____

6 WEEK CAMP

7 WEEK CAMP

TRIPS

PLEASE CHECK ONE OF THE FOLLOWING FOR THE 6 AND 7 WEEK CAMPS:

____ 9:00 – 12:00

____ 9:00 - 12:00

____ Wild West City

____ 9:00 – 3:00

____ 9:00 - 3:00

____ Turtle Back Zoo

____ 8:00 – 9:00

____ 8:00 - 9:00

____ Roller Rink

____ 3:00 – 4:00

____ 3:00 - 4:00

____ Bowling