

# REGISTRATION FORM

1. Up to two programs may be registered for on one form and up to two names may be listed as long as it is for the same program / programs.
2. Please make checks payable to "BORO OF LEONIA"

**\*NO NEWS IS GOOD NEWS\***

You will only be notified if a class has been filled, cancelled or changed.

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## PLEASE FILL OUT ENTIRE FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

WORK # \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CHILD GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME(PRINT) \_\_\_\_\_

Email address \_\_\_\_\_

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1. PROGRAM NAME \_\_\_\_\_

TIME \_\_\_\_\_ DAY \_\_\_\_\_ AMOUNT \_\_\_\_\_

2. PROGRAM NAME \_\_\_\_\_

TIME \_\_\_\_\_ DAY \_\_\_\_\_ AMOUNT \_\_\_\_\_

**WE ASK ALL PARTICIPANTS OF RECREATION PROGRAMS TO PLEASE FILL OUT AN EMERGENCY AUTHORIZATION FORM AT THE BEGINNING OF EACH CALENDAR YEAR. THANK YOU.**

**NOTE: THE BOROUGH OF LEONIA IS NOT RESPONSIBLE FOR AN ACCIDENT WHICH IS THE DIRECT RESULT OF THE PARTICIPANT'S INVOLVEMENT IN A RECREATION PROGRAM. ANY MEDICAL TREATMENT FOR ANY ACCIDENT IS THE RESPONSIBILITY OF THE PARTICIPANTS'S OWN MEDICAL INSURANCE.**