

REGISTRATION FORM

Livingston Recreation Department, 204 Hillside Avenue, Livingston, NJ 07039
 PH: 973-535-7925 Fax: 973-535-2949 Email: recreation@livingstonnj.org
 Make Checks Payable to: *Township of Livingston*

Parent/Self: Last _____ First _____

Address: _____

City: _____ Zip: _____ Email: _____

Phone: Home: _____ Cell: _____ Work: _____

Emergency Contact Information: Name: _____ Phone: _____

If more space needed, please use back of page.

Name: _____ Phone: _____

Participant Name	Grade	DOB (MM/DD/YY)	Sex (M/F)	Activity #										Activity Name	Fee	
															LATE FEE (if applicable)	
															TOTAL DUE:	

Do any of these participants require special assistance? Please circle: **YES** If yes, you will be contacted by the Recreation Department

MEDICAL INFORMATION: Participant Name: _____ Allergy: _____

Participant Name: _____ Allergy: _____

FOR SPORT ACTIVITIES PLEASE CIRCLE T-SHIRT SIZE: YOUTH S M L ADULT S M L XL

ALL ADULT PARTICIPANTS MUST SIGN BELOW. PARENT/GUARDIAN SIGNATURE REQUIRED FOR REGISTRANTS UNDER 18.

In consideration of your accepting my child's entry, I hereby for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Township of Livingston and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I hereby give permission for my child's name and picture to be used on the recreation website or for recreation publicity. In case of emergency, I hereby give the Township of Livingston permission to call emergency medical services to transport my child or

Signature: _____ Date: _____

For Office Use Only	
Rec'd By: _____	Date: _____
BC Verified: _____	Cash _____ Check _____

FOR SPORT ACTIVITIES, PLEASE COMPLETE BOTH SIDES

SPORTSMANSHIP PLEDGE

By signing this, I hereby acknowledge that I have read and discussed the Livingston Sports Council Code of Conduct with all family members and pledge to be responsible for our family's words and actions while attending, coaching, officiating or participating in a sports event and shall conform my behavior to the Livingston Sports Council Code of Conduct. I also agree not to hold the Township of Livingston, Livingston Sports Council or member Sports Organization, League, and/or Board of Education responsible for the conduct of any athlete, parent, coach, official, or other attendee present at a sports event. The Township of Livingston shall incur no liability for limited or non-enforcement of this Code of Conduct.

Signature: _____ Date: _____

Township of Livingston, Livingston Sports Council Code of Conduct is available in the Recreation Office, Livingston Public Library, Livingston Township Public Schools, Township of Livingston website, www.livingstonnj.org, and Livingston Board of Education website, www.livingston.org.