

REGISTRATION FORM
Senior, Youth & Leisure Services (SYLS), 204 Hillside Avenue, Livingston, NJ 07039
 PH: 973-535-7925 Fax: 973-535-2949 Email: SYLS@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 (BELOW)	Grade	DOB (MM/DD/YY)	Sex (M/F)	Activity Name (BELOW)	Fee
				LATE FEE (if applicable)	
				TOTAL DUE:	

ALLERGY INFORMATION: Participant Name: _____ Allergy: _____

Participant Name: _____ Allergy: _____

FOR LYCS. SPORT OR CAMP 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/illness 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 myself to an appropriate medical facility.
 I have read and agree to the REFUND POLICY on reverse side of form.

Signature: _____ Date: _____

For Office Use Only	
Rec'd By: _____	Date: _____ BC Verified _____
Cash _____ Check _____	Credit Card _____ (online or in person registration only)

Refund Policy

- A \$10 charge will be applied to all refunds and/or withdrawals except cancellations by SYLS.
- Refunds and/or withdrawals requested **less than 14 days** prior to program start date are subject to a **25% late withdrawal fee** of program cost.
- No refunds will be issued after the start of a session except for:
 1. The session is cancelled by SYLS.
 2. The request is accompanied by a written medical excuse from a physician.
- No refunds/credits and/or transfer of funds after a session has ended.
- No partial credits/refunds for absences.
- No credits/refunds for classes during a session canceled due to weather conditions.
- Credit Card Refunds: Please allow 7 – 10 business days for credit to be reflected on your credit card statement
- Check Refunds: Please allow 4 – 6 weeks to receive a refund check by mail.

SPORTSMANSHIP PLEDGE (For Sports Activities Only)

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 Senior, Youth & Leisure Services, Livingston Public Library, Livingston Township Public Schools, Township of Livingston website, www.livingstonnj.org, and Livingston Board of Education website, www.livingston.org.