

# 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)	
				<b>TOTAL DUE:</b>	

**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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR SPORT ACTIVITIES, PLEASE COMPLETE BOTH SIDES**

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

