

CLIFTON RECREATION DEPARTMENT PROGRAM REGISTRATION

PARTICIPANT'S NAME: _____ REGISTRATION #: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME #: _____ CELL #: _____ EMAIL: _____

GENDER: M / F AGE: _____ BIRTHDATE: _____ SCHOOL: _____ GRADE: _____

SPECIFIC INFORMATION / EXPERIENCE / SPECIAL CONCERNS: _____

PROGRAM / ACTIVITY: _____ LEVEL / DIVISION: _____

DAY(S): _____ TIME: _____ FEE: _____

PARTICIPANT / PARENT / GUARDIAN AGREES THAT HE / SHE IS IN GOOD HEALTH AND PHYSICALLY ABLE TO PARTICIPATE IN THE SPORT / ACTIVITY AND FURTHER AGREES THAT THE CITY OF CLIFTON AND / OR ITS AGENTS / MEMBERS OR EMPLOYEES SHALL NOT BE LIABLE IN THE EVENT OF AN ACCIDENT, INJURY OR ANY DAMAGE WHATSOEVER, ARISING FROM PARTICIPATION OR PRESENCE IN OR AT SAID ACTIVITY. I GRANT THE CITY OF CLIFTON MY PERMISSION TO USE PHOTOGRPHS, SLIDES OR VIDEOTAPES TAKEN DURING PARTICIPATION IN THE ABOVE SPORT / ACTIVITY TO BE USED IN LEGITIMATE CITY PROMOTIONS. I FURTHER GRANT PERMISSION TO THE CITY OF CLIFTON TO AUTHORIZE MEDICAL CARE FOR ME OR MY CHILD IN AN EXTREME EMERGENCY.

SIGNATURE (PARENT IF MINOR)

DATE

----- OFFICE USE -----

RANK: _____ TEAM: _____ BIRTH CERT. _____ RESIDENCY: _____ RECEIPT #: _____

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