

# Rutherford Recreation Department

176 Park Avenue, Rutherford, NJ 07070

## PROGRAM REGISTRATION FORM

Full Program Name \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Participant's Name \_\_\_\_\_ Boy \_\_\_\_ Girl \_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

Allergies/Medical Restrictions \_\_\_\_\_

E-Mail \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Info Name \_\_\_\_\_ Cell # \_\_\_\_\_

I hereby certify that my child is in sound physical condition to participate in the Rutherford Recreation Department Program listed above.

**X** \_\_\_\_\_ Date \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Cash \_\_\_\_ or Check # \_\_\_\_\_