



Readington Recreation Ski Club Registration Form



Readington Twp. Recreation
509 Route #523
Whitehouse Station, NJ 08889
(908-534-9752/534-5382)

OFFICIAL USE ONLY

Please check below which ones you need

Ski----- Rental-----
Snowboard----- Rental-----

Registration Fee_____ Date_____ 3 Lessons_____ 5 Lessons_____

Last Name _____ First Name _____ Male / Female _____

Address _____ Date of Birth _____ Age _____ Grade _____
Phone _____

Father's Name _____ E-Mail Address _____

Mother's Name _____ Parent's Cell Phone _____

Emergency Contact _____ Phone Number _____

Health Insurance Company _____ Policy Number _____

Known Allergies, medical problems, or prohibitions:

Approval and Emergency Medical Release

***I**, the undersigned, give my approval for my child to participate in the **Readington Recreation Ski Club** and hereby waive, release and agree to hold harmless Readington Township, the Recreation Committee, and all volunteers and persons involved in the program from any claim arising from injury to my child.

***I** understand that in the event my child is injured because of participation in any recreational activity in connection with this program, that reasonable efforts will be made by Readington Township, Recreation Committee or persons authorized on their behalf, to contact me. However, if a Certified EMT Volunteer, Police Officer, Physician or Surgeon that **my child** _____ determines a need of emergency medical or surgical treatment, then I give my consent to such treatment.

Notary

This person _____ signed before me in the County of _____ in the State of _____ on (date) _____

Subscribed by (notary) _____

Expiration date of Notary _____

Signed (Parent/Guardian) _____ Date _____