

General Registration Form

Family's Last Name: _____ Address: _____ City: _____

Zip: _____ Home Phone: _____ Cell: _____ (Recreation Dept. use only)

Emergency Contact: _____ Emerg. Phone: _____

E-mail: _____ (Recreation Dept. use only)

Make Checks Payable to "Mt Olive Recreation "

Participants Name	Age/Grade	Med Condition	Program	Time	Fee

Total Fees \$ _____

Please read carefully

Checks returned for insufficient funds will require an additional \$20 processing fee, in addition to cash or money order payment for the program.

A \$10 Administrative fee will be applied to any refunds. You will be called if there is a change in schedule. Your cancelled check will serve as your receipt.

As in any activity, there are inherent risks and injuries that may occur. I hereby release and discharge the Township of Mt. Olive, its agents, employees, appointed officials, volunteers, commissions, or associations from any and all actions for losses, damages, for personal injuries to myself or my child which may occur or arise out of my or my child's participation in the above activity.

Signature _____ Date: _____

For Office Use

Receipt # _____ Cash: _____ Check _____ Intials: _____

Drop off at the Recreation Dept. Mon.-Fri., 8:30am-4:30pm
 Mail to : Township of Mt Olive, Recreation, PO Box 450, Budd Lake, NJ 07828