



Montgomery Parks & Recreation



356 Skillman Rd, Skillman NJ 08558



609-466-3023

www.MontgomeryRecreation.com

Adult/Parent Name: _____

Address: _____

Phone: _____ Email address: _____

Emergency Contact Name & Number: _____

Participant 1: _____ Male/Female (circle one)

Grade: _____ Age: _____ T-Shirt Size (if applicable) _____

Program: _____ Dates: _____ Location _____ Fee \$ _____

Program: _____ Dates: _____ Location _____ Fee \$ _____

Participant 2: _____ Male/Female (circle one)

Grade: _____ Age: _____ T-Shirt Size (if applicable) _____

Program: _____ Dates: _____ Location _____ Fee \$ _____

Program: _____ Dates: _____ Location _____ Fee \$ _____

Checks payable to: Montgomery Recreation

I understand I will **NOT** receive a refund or credit for any class/program/trip unless it is cancelled by the Recreation Department.

Initial: _____

Do you or your child need reasonable modifications due to a disability as defined by the ADA in order to participate in the above program (s)?

Yes/No (circle one)

I agree to the Parks and Recreation Acknowledgement of Risk Waiver.

Initial: _____

Signature

Date

Note: Please note separate checks are needed for some programs. Aquatics, Middle School Sports, Theater Camp & Rec N Crew can be on one check.

All other after school classes and camps can be on another check

All non-residents must pay an additional out of town fee (\$30) per program. Senior Citizens (55+) & Military may take 10% off Classes.

For office use only: Cash _____ Check # _____ Received by: _____