Washington Township Parks & Recreation
523 Egg Harbor Road, Sewell, New Jersey 08080
Phone: 856-589-3227 Fax: 856-589-0529

Date Paid_____
Cash_____ Check_____
Received By: _____

COST_____

Washington Township Parks & Recreation Program Registration Form

RUGBY

First Last Mon Day Year

_____ ____/____/_____ Male_____ Female_____
Participant's Name Birth Date

_____ _____ _____ _____
Street Address City State Zip Code

_____ _____ _____
Phone Emergency Phone Email Address

_____ _____ _____ _____ _____ Yes_____ No_____
School Attending Grade Present Age Shirt Size Short Size Previous Experience WTPR League Only

USA Rugby ID Number _____

I/We the parent(s) of the above child hereby give my/our approval for the said child to participate in any and all activities of the Washington Township Recreation Program. I/We assume all risks and hazards incidental to such participation and hereby waive, release, absolve, indemnify, and agree to hold harmless the Township of Washington, its officers, volunteers, coaches and participants from claims for accidents or illnesses arising from participation in the Township of Washington's Recreation Program.

We will furnish a certified birth certificate of the above named participant upon request of any League Official.

I agree to return any issued equipment upon request, or pay the cost of same.

Injuries are inherent to sports; therefore, in the event of an injury, I hereby release the Township of Washington, its officers, volunteers and coaches as well as all sponsors from all liability. I also understand that primary medical insurance is my responsibility if there is an injury. If I am not present, I hereby give permission for any and all medical attention necessary to my child in the event of an accident, injury, sickness, etc. All injuries to participants occurring during or to and from any scheduled athletic function must be reported to the Parks & Recreation Office immediately or the accident insurance is voided. 24 hour maximum.

A $10.00 cancellation fee is deducted from refund for anyone cancelling from a program within 2 weeks of start of practice. Fee waived for anyone injured with doctor's note or not placed from waiting list.

Parent or Guardian Signature_____ Date_____

Print Parent or Guardian Name_____

Volunteers Needed- Check (√) If Interested

Coach_____ League Director_____
Assistant Coach_____ Team Sponsor_____
Referee_____