



ROCHELLE PARK RECREATION

Recreation Committee

151 W. Passaic Street • Rochelle Park, NJ 07662

Tel: 201-587-7743 • Fax: 201-587-1570

PROGRAM REGISTRATION/CONSENT FORM

PROGRAM: ROCHELLE PARK RECREATION CHEERLEADING

Grades 6, 7, and 8

Dates: November 08 thru March, 2009 **Times:** T/B/A

Location/Meeting Place: Midland School Multipurpose Room

Special Instructions: _____

Name of Participant (Last, First, Middle Initial)	Age	Birth Date
Home Address	Sex	Phone Number
Name of School	Grade	Emergency Phone Number
Parent's e-mail address	Parent's cell number	
Family Doctor's Name	Doctor's Phone Number	
Physical Limitations (if any)	Special Requests or Needs	

I, the below signed, verify that all the information on the enrollment form is correct. By signing this form, I agree to abide by all rules and regulations established by the **Township of Rochelle Park**. I assume all risks and hazards incidental to such participation and accept personal responsibility for any damages resulting from such participation. I also waive, release, absolve, indemnify and agree to hold harmless Organizers, Officials, Participants, Sponsors, The Township of Rochelle Park **along with its Departments and Committees**, The Rochelle Park Board of Education, and the State of New Jersey for any and all claims arising out of injury from such participation.

Name

Date

I Consent to my child's participation in the 2008 -09 Cheerleading program.

(Parent/Guardian Signature)

Date

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FOR OFFICIAL USE ONLY-DO NOT WRITE BELOW THIS LINE

Fee \$ _____ Cash _____ Check _____ Check# _____ Rec'd by: _____

ROCHELLE PARK RECREATION CHEERLEADING
2008 -09 REGISTRATION
OPEN TO ALL ROCHELLE PARK RESIDENT CHILDREN
GRADES 6 THRU 8

Wednesday, October 29, 2008
Rochelle Park Library Conference Room
6:00 pm to 7:30 pm

\$50.00 first child;
\$35.00 second child;
Total family fee will not exceed \$100.00

(Plus a separate check - refundable \$25.00 deposit per child - return of uniform and gym coverage for two games/practices)

Payment by CHECK OR MONEY ORDER made payable to Township of Rochelle Park
NO CASH WILL BE ACCEPTED

Mail completed application to:

Township of Rochelle Park
Attn: Recreation/Cheerleading
151 W. Passaic Street
Rochelle Park, NJ 07662

Parent/Guardian
Name_____

Parent/Guardian
Signature_____

E-Mail Address_____ Cell # _____

Health Insurance Carrier_____

Emergency Contact Name_____ Relationship_____

Phone # _____

Contact: Rochelle Park Recreation 201-587-7743; or Kristina at e-mail: tina920@aol.com for additional information