



# 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  
NO PROGRAM REFUNDS

Grades 6, 7, and 8

**Dates:** November, 2009 thru March, 2010 **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 2009 - 10 Cheerleading program.

\_\_\_\_\_  
(Parent/Guardian Signature) Date

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**FOR OFFICIAL USE ONLY-DO NOT WRITE BELOW THIS LINE**

Fee \$ \_\_\_\_\_ Check \_\_\_\_\_ Check# \_\_\_\_\_ Rec'd by: \_\_\_\_\_

Security Deposit \$ \_\_\_\_\_ Check # \_\_\_\_\_ Rec'd by: \_\_\_\_\_

**ROCHELLE PARK RECREATION CHEERLEADING**  
**2009 -10 REGISTRATION**  
**OPEN TO ALL ROCHELLE PARK RESIDENT CHILDREN**

**GRADES 6 THRU 8**

**Thursday, October 1, 2009**  
HOUGHTON HALL / CARLOCK FIELD

**6:00 pm to 7:30 pm**

**Monday, October 5, 2009**

**3:30pm to 5pm**

HOUGHTON HALL / CARLOCK FIELD

**\$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 / NO REFUNDS FOR PROGRAM**

**Mail completed application to:**

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

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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: Ktina920@aol.com for  
additional information