



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 Student/Parent Volleyball – Grades 3rd thru 8th
(See back for details)**

Dates: Thursday, January 6, 13, 20, and 27, 2011

Time: 7pm -9pm

Location/Meeting Place: MIDLAND SCHOOL MULTIPURPOSE ROOM

Special Instructions: SNEAKERS REQUIRED

Name of Participant(Student's 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	
Additional participants (Parent/Guardian Name)		
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 Family's participation in the 2011 Volleyball Program.

(Parent/Guardian Signature)

Date

FOR OFFICIAL USE ONLY-DO NOT WRITE BELOW THIS LINE

Fee \$ -0- Check Check# Rec'd by:



ROCHELLE PARK RECREATION
STUDENT / PARENT (GUARDIAN) VOLLEYBALL

2011 REGISTRATION

OPEN TO ALL ROCHELLE PARK RESIDENT CHILDREN/PARENT

Thursday, January 6TH, 7pm TO 9pm 3RD AND 4TH GRADE

Thursday, January 13th, 7pm TO 9pm 5TH AND 6TH GRADE

Thursday, January 20th, 7pm TO 9pm 7TH AND 8TH GRADE and

Thursday, January 27, 2011 OPEN TO ALL WHO PARTICIPATED

CIRCLE WHICH NIGHTS YOU WILL BE IN ATTENDANCE
ONLY CHILDREN PLAYING WILL BE ADMITTED TO THE GYM
NO SIBLINGS -----SORRY

Mail completed application by Friday, December 17, 2010 to:

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

Parent/Guardian Name _____

Parent/Guardian Signature _____

E-Mail Address _____ Cell # _____

Emergency Contact Name _____ Relationship _____

Phone # _____

Contact: Rochelle Park Recreation 201-587-7743 for additional information

Website: www.rochelleparknj.gov

